

**GRIEF REACTIONS, COPING STRATEGIES AND
COUNSELLING NEEDS OF NIGERIAN IN-SCHOOL
ADOLESCENTS FACED WITH PARENTAL LOSS**

BY

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(01/25OD013)

**A THESIS PRESENTED TO THE DEPARTMENT OF COUNSELLOR
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(Ph.D) DEGREE IN EDUCATIONAL GUIDANCE AND COUNSELLING**

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PROF. A. A. ADEGOKE

DECLARATION

I hereby declare that this thesis entitled “Grief Reactions, Coping Strategies and Counselling Needs of Nigerian In-School Adolescents Faced with Parental Loss” was written by me and it has been the record of my research efforts. I also proclaim that neither the whole work nor any of it has been, is being, or is to be submitted for another degree at this or any other University or any other organization. The thesis has also been approved by the Ethical Committee of the University of Ilorin, Nigeria.

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CERTIFICATION

This is to certify that, this study was conducted by AJOKPANIOVO, Michael and had been read and approved as meeting part of the requirements of the Department of Counsellor Education, Faculty of Education, University of Ilorin, Ilorin, for the award of Doctor of Philosophy (Ph.D) Degree in Educational Guidance and Counselling.

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DEDICATION

This dissertation is dedicated to the Almighty God for His protection, mercy and love throughout the course of my program in this noble citadel of learning.

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ABSTRACT

Parents play a decisive role in children's academic and social development. The demise of the parent has a huge emotional impact on a child. This study investigated grief reactions, coping strategies and counselling needs of in-school adolescents faced with parental loss in Nigeria. The objectives of the study were to find out: (i) the grief reactions; (ii) coping strategies adopted; (iii) counselling needs of adolescents faced with parental loss; and (iv) if significant differences existed based on gender, religion, geo-political zone and adolescent's age at parental loss.

Descriptive survey research design was adopted. The population for this study comprised all in-school adolescents faced with parental loss in Nigeria. Simple random and purposive sampling techniques were used to select 432 in-school adolescents. A researcher-developed instrument entitled Questionnaire on Grief Reactions, Coping Strategies and Counselling Needs of Nigerian in-school Adolescents faced with Parental Loss was used for data collection. Means and inferential statistics were used to analyse the collected data. Duncan Multiple Range Test (DMRT) was applied as a post-hoc measure to locate where the differences exist in the tested hypotheses.

The findings of the study were that:

- (i) the grief reactions of in-school adolescents faced with parental loss is high and these reactions include having mood swing ($\bar{X}=3.71$), depression ($\bar{X}=3.62$) and nervousness/anxiety ($\bar{X}=3.43$);
- (ii) some coping strategies adopted by the students include listening to inspirational music ($\bar{X}=2.77$), listening to motivational talks from religious leaders ($\bar{X}=2.65$) and reading scriptural passages to relieve tensions or anxiety ($\bar{X}=2.63$);
- (iii) counselling are more needed in the areas of educational concerns ($\bar{X}=2.81$), emotional concerns ($\bar{X}=2.62$) and personal concerns ($\bar{X}=2.60$);
- (iv) there were significant differences were found in the grief reactions of in-school adolescents faced with parental loss $t = 3.30$, $p < 0.05$; coping strategies adopted $t = 5.22$, $p < 0.05$ and counselling needs $t = 3.83$, $p < 0.05$ based on gender;
- (v) no significant difference was found in the grief reactions of in-school adolescents faced with parental loss. Significant differences were found in the coping strategies adopted ($F(2, 429) = 19.27$; $p < 0.05$) and counselling needs ($F_2, 429 = 17.45$; $p < 0.05$) based on religion;
- (vi) no significant difference was found in the grief reactions, coping strategies adopted and counselling needs of Nigerian in-school adolescents faced with parental loss based on zone; and
- (vii) on the basis of age at parental loss, significant differences were found in the grief reactions of in-school adolescents faced with parental loss $t = 4.46$, $p < 0.05$; coping strategies adopted $t = 3.46$, $p < 0.05$.

This study concluded that adolescents faced with parental loss need counselling more in the areas of educational and emotional concerns. The implication of the study is that there were insufficient enlightenment programmes and sensitisation on the reality of death in secondary schools. The study therefore recommended that counsellors should include in their enlightenment programmes to the students, the reality of death as well as how to get the right support when faced with parental loss.

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CHAPTER ONE

INTRODUCTION

Background to the Study

Parental loss is a traumatic loss which many children have had to put up with in their life time. It is believed that young children cannot understand death and lack the capacity to grieve. Due to this misconception, coupled with confusion and anxiety in communicating with children about death, children are often told that the dead parent has simply gone away. Shielding children from death deprives them of the ability to grieve and ultimately heal (Patterson, 2009). People of all tribe and race commonly know that with the gift of life, death is inevitable (Loni, 2009).

The age and development of a child at the time of the demise of his/her parent's strongly influences the way in which the will child react and adapt to the loss. Patterson (2009) stated that an understanding of a child's emotional and cognitive development can enable caregivers and professionals determine how best to communicate about death with the particular child; to understand and empathize with the child's experience and guide the child through the grieving and healing process.

Losing a parent to death is always traumatic and thus dealing with the subsequent grief reactions is difficult for all children. Losing a parent or caregiver has different effects on children at different stages of their development. The loss a parent is detrimental to the health and welfare of a child particularly if it is the mother, given the role that mothers play in raising children in this society (Orphans & Vulnerable, 2007).

Children are faced with the reality of the death of their parent and the subsequent grieving process in various ways depending upon numerous factors which include their developmental stage, gender, surrounding environment and the availability of a strong support system (Loni, 2009). Other children who are trying to cope with this significant loss are often required to experience events that are very strange to them; such includes being asked to assist in the preparation of the funeral and burial process among others (Cait, 2005). The early death of a parent affects a child's development, and the child's development thus affects how he/she would grieve and reconstruct his/her relationship with the deceased parent (Garber, 1988). Adolescents due to their level of maturity may be told about the sudden demise of the parent but younger children who commonly lack such understanding as a result of their low level of maturity might not be told immediately and in the same manner (Loni, 2009).

According to Santrock (2007) persons faced with parental loss usually go through some stages in order for them to get well or healed successfully. These stages of grief which adolescents faced with parental loss do go through are denial, anger, bargaining, depression and acceptance. These stages are popularly known with the acronym (DABDA). *Denial* is the first phase adolescents faced with parental loss go through. At that point, the individual finds it difficult to agree with the fact that his/her parent is dead. The second stage is *Anger*. At this stage, the individual then realizes that denial can no longer be continued. The individual begins to get angry easily with everyone he/she meets due to the frequent thoughts about the death of the parent. The third stage is *Bargaining*. At this stage, negotiation comes into play whereby, the individual starts to

negotiate with a higher power in exchange for a reformed lifestyle. Other times, they will use anything valuable as a bargaining chip against another human agency to extend or prolong the life they live. In essence, the individual cannot totally move into acceptance yet acknowledges the fact that what has happened cannot be undone. People facing less serious trauma can bargain or seek to negotiate a compromise (Santrock, 2007).

Depression being the fourth stage in the grieving process, the person begins to understand the certainty of death. The idea of living becomes pointless. Things begin to lose meaning to the griever. Due to this, the individual may become silent, refuse visitors and spend much of the time crying (Santrock, 2007). This process allows the grieving person to disconnect from things of love and affection, possibly in an attempt to avoid further trauma. *Acceptance* is the fifth phase in the stage of grief. The individual becomes calm and agrees with the present reality of the situation he/she has found him/herself with respect to the inevitable loss of the parent. This stage varies according to the person's situation. At this stage also, the individual then gradually becomes calm, has a retrospective view for the individual, and a stable mindset (Santrock, 2007).

Caregivers who are trying to provide help to these affected adolescents should be more knowledgeable with respect to issues related to death in order for them to be able to provide the right support needed for the adolescents to function effectively. Worden (1996) studied children's grief reactions after the death of their parent and it was found that some grief reactions children face include fears, anxieties, headaches and stomach-aches. Other symptoms relating to grief and loss in children, and specifically adolescents, include biting of themselves or others, withdrawal, prolonged sadness, despondency,

lower marks at school, depression, inability to sleep, loss of appetite, social withdrawal and risk-taking behaviour, including self-destructive behaviour (Smith, 2005; Play therapy, 2007; Strouse, 2007).

According to the Seattle Children's Hospital Research Foundation (2012), adolescents react to grief in four ways which include; reactions having to do with the body of the adolescent (physical); reactions having to do with the adolescent's feelings (emotional); reactions that may involve other people (social); and reactions that have to do with the way the adolescent acts (behavioural). When an adolescent is reacting physically, it implies that the adolescent is feeling more or less active than usual, having problems sleeping, feeling restless or tired; headaches, stomach pain, nausea, chest pain, loss of appetite etc (Seattle Children's Hospital Research Foundation, 2012).

When an adolescent faced with parental loss is reacting emotionally, it implies that the adolescent could be feeling numb, lonely, sadness, guilt, being afraid, becoming upset or frustrated easily. When an adolescent faced with parental loss is reacting socially, it implies that the adolescent might not want to interact with people, having feelings of leaning too much on people, difficulty picking up the telephone etc. When an adolescent faced with parental loss is reacting emotionally, it implies that the adolescent becomes always forgetful, dreaming of dead people, sensing the presence of a dead person, not wanting to talk with the person amongst others (Seattle Children's Hospital Research Foundation, 2012).

Four tasks were identified by Worden (1996) that an individual going through a grieving process should undergo, they are (1) accepting the reality of the loss, (2) experiencing the pain and emotional aspects of the loss, (3) adjusting to an environment without the deceased, and (4) relocating the dead person from the mind and life of the individual. The ability to successfully and satisfactorily complete the grieving process largely depends on the stage of the child's development as at the time of the death of the parent (Loni, 2009).

Nickerson, Bryant, Aderka, Hinton, and Hofmann (2011) carried out a study where they analyzed the responses from 2,823 adults who had at one time or the other been faced with parental loss during their childhood. They used the World Health Organization Composite International Diagnostic Interview to assess psychological impairment, parental care, and other factors that could contribute to difficulties later in life. They found out that the younger a child was as at when he/she is faced with parental loss, the more likely they were to develop mental health problems, including anxiety, mood, or substance abuse issues.

The All Psychological Career (2014) stated in a research that an adolescent's age determines to a large extent his/her ability to pull through when faced with the death of the parent. Being faced with parental loss at an early age often lead such adolescents to long-term psychological damage, especially when the parent lost is the mother. Adolescents need appropriate support through counseling and this support has to correlates with the way the adolescent processes death at a certain age to deal with the effects of the loss of a parent and the ensuing grief. Since adolescents understand death

differently at different stages of development, the emotional support they receive needs to reflect the adolescent's ability to process the information and cope with the situation. Adolescents and younger children almost always exhibit some type of regressive behaviours when their parent dies (All Psychological Career, 2014). It is important to recognize these behaviors as part of grieving and not to punish the child for them. An adolescent child might resort to a behaviour they had left behind, such as thumb sucking, bed wetting, or uncontrolled crying. Behavioral grief symptoms in children include: withdrawal, searching for the deceased, avoiding places and people who remind them of the deceased, changes in eating habits, and crying. Physical symptoms of grief include: weakness, low energy, dry mouth, and shortness of breath (All Psychological Career, 2014).

A child's ability to understand the meaning and finality of death corresponds to his or her cognitive development. It is common for a child of this age to constantly ask questions such as *where is my dad?* and *when is mummy coming home?*. Fogarty (2000) in a study found out that children over the age of nine generally have a realistic understanding of the inevitability and finality of death. It was also observed that the reactions of children above nine years to a parent's death is determined by their cognitive and emotional level of development and other factors such as gender and the relationship with the surviving parent (Fogarty, 2000).

Children faced with the reality of parental loss suffer among others things, a sense of loss, depression, abuse, anger, anxiety, abandonment, isolation, poor problem-solving skills, loneliness and rejection, as well as fears of rejection because of the element of

stigma and secrecy that HIV and AIDS carries (Blom, 2004; Orphans & Vulnerable, 2007; Pembrey, 2007). Thompson, Rudolph and Henderson (2004) state that a child's unresolved grief can result in personal, interpersonal, or social problems in the future.

Coping with parental death is not the same for everybody and for this reason, some teens coping strategies can include involvement in sports or becoming consumed with schoolwork (Lawrence-Webb & Okundaye, 2006). Another common way youths and children cope with parental death is through voracious eating or inability to control eating choices when traumatic events rob bereaved youth of their ability to control their emotions and stability in life (Beam, Servaty-Seib, & Mathews, 2004). Eating disorders are multidimensional and can begin because of many different life experiences. Recent research is beginning to highlight significant connections between traumatic childhood experiences, such as parental death and eating disorders (Beam, Servaty-Seib & Mathews, 2004).

Some adolescents have an adult understanding of death, and are developing a level of abstract thought that causes them to ponder existential meanings of life and death (Himebauch, Arnold, & May, 2008). Adolescents undergo significant biological, cognitive, emotional and social development, a process that is further complicated with the presence of intense grief emotions (Leighton, 2008). The feelings and emotions experienced after loss do create great distress in adolescents, and often lead to depression and self-destructive behavior, such as drug use and self mutilation (Walker & Shaffer, 2007).

Walker and Shaffer (2007) observed that when teens face these strong grief emotions and reactions, it is typical for them to want to make themselves numb to the pain, and avoid scary, unfamiliar feelings. Adolescents may have difficulty identifying and expressing their feelings (Himebauch, Arnold, & May, 2008). Teens can also face the complex process of re-grieving a loss that occurred earlier in their childhood, while trying to comprehend grief emotions from a more developmentally mature perspective (Leighton, 2008). Bereaved adolescents also have a tendency to gravitate toward peers, and to reject adult support and grief rituals when attempting to cope with loss (Himebauch, Arnold, & May, 2008).

Parental loss on many occasions has led to the absence of attention and involvement in the academics of their wards which thus causes such student's achievement to decline. Following the death of an immediate family member, a child's self-confidence will lower, resulting in a self-struggle with school work (Lawhon, 2004). According to a previous research carried out by Sandler, Ayers, Wolchick, Tein, Kwok & Haine (2003) parentally bereaved children are at a higher risk for mental health problems, with females as an even higher target. Barrett (1995) stated that the trauma of a significant loss for a child takes time and requires patience and understanding especially from significant adults (such as teachers and school staff).

McGlaufflin (1998) in a study suggested that educators let the children express their thoughts and feelings about death while at school. Allowing children to discuss how they feel and express their emotions while at school may increase their emotional and cognitive ability to complete their academic work. Realistically, in today's society and culture it has become more difficult for children to effectively cope with their emotions

surrounding death (Willis, 2002). After experiencing a loss through death, children tend to mourn according to their current developmental level. Children may even withhold their grief until they have reached an appropriate developmental level to do so (Eppler, 2008). Fleming and Adolph (1986) have suggested that developmental tasks associated with death may differ depending on age and developmental level of the child.

Counselling is a helping profession. It is regarded as a helping profession because its watchword is to assist people faced with concerns difficult for them to bare or resolve on their own; they then seek the help of a professional counsellor. A counsellor as a helping professional is someone who helps with the exploration and resolution of issues and problems presented by a client: the person seeking help. Gesinde (1981) looked at counselling from the rehabilitation point of view and asserted that counselling is a professional assistance given by counsellor to an individual or group of individuals who are either able or disabled for the purpose of understanding their conflicting areas of life better, detecting alternative solution to problems and living a fulfilled life.

Grief counseling is a form of counselling between the counsellor and the grieving client whereby the counsellor helps the client not to get over the loss but to aid the client pave through the healing process (Anderson, 2012). Healing may become visible when the grief is not so fully consuming anymore, and not absolutely devastating and debilitating. The triggers that cause a grief response are fewer and farther between. When the unpredictability of grief responses lessens, and the ability to function resumes to a place of healthy homeostasis then healing can be said to be taking place.

Grief counsellors are seen as companions and according to Carpinello (2004) companioning is about honoring the spirit, curiosity, learning from others, walking

alongside, being still, discovering the gifts of sacred silence, listening with the heart, bearing witness to the struggles of others, being present to another person's pain, respecting disorder and confusion, and going to the wilderness of the soul with another human being. Being fully present and non-judgmental towards the grieving client are huge gifts that can be very comforting and normalizing for the individual.

Smith (2005) and Worden (1996) suggested the following counselling needs of bereaved students and they include: adequate information; explanation and addressing of fears and anxieties; allowing the child to grieve; involvement and inclusion in respect of rituals among others. Burris (2005) noted that, although it became common practice in the twentieth century to exclude children from various aspects relating to death, the practice seems to be changing back to the inclusion of children in the cultural practices relating to death in our society. When adolescents are involved in rituals, they are taught how to build a healthy belief system around death and loss (Kübler-Ross & Kessler, 2005). Counsellors and other therapists are advised to have an in-depth knowledge of the various religious and cultural beliefs regarding parental loss and should take these into consideration when working with bereaved adolescents.

To create an optimal environment, caregivers need to become familiar with the adolescents' as well as the grieving process those faced with parental are undergoing. Auman (2007) and Eppler (2008) observed that surviving parents and school personnel need to be educated and knowledgeable of the complex grieving process faced by these adolescents in their custody. Reflecting on school personnel and parents' own strengths and weaknesses regarding issues related with and the grieving process adolescents do

undergo should be done for each individual to be aware of how beneficial they could be in assisting the adolescent child in the grieving process.

Statement of the Problem

Grief is not always the same for everyone. The age and developmental stage of the individual will determine to a larger extent how the adolescent child will go through the grieving process. Many other factors affect a child's grief process and adjustment to life without the dead parent. Some of these factors affecting the healing process of the child include the gender of the child and deceased parent, the child's relationship with the surviving parent among others (Loni, 2009). An understanding of these factors and of the child's emotional and cognitive development is crucial for a therapist or caregiver to support the child's completion of the tasks of grieving and enable him/her to heal successfully.

Nickerson, Bryant, Aderka, Hinton, and Hofmann (2011) sought to determine how parental death affected children across their life span. They found out that as the life span progresses and the individual reaches adulthood, the psychological and interpersonal consequences of this disturbance may manifest in long-term mental health problems. They also found out that the family environment, such as quality of parental care and relationship with the surviving parent have a long-term psychological effect in the child as well as their reactions following parental loss.

The disruption of the parent-child bond during childhood has been widely considered an important risk factor in future development (Kendler, Sheth, Gardner, & Prescott, 2002). The academic performance of the affected students cannot be left out. The death of a parent may have a profound negative impact on student's academic achievement, as a parent plays a large role in their children's academic development. Braden and Miller (2007) reported that children whose parents were involved in their education earned higher grades, had better attendance, completed more homework, and were more motivated students (Coyne & Beckman, 2012). The importance of family involvement in a child's education is not just a recent finding. Hansen and Callender (2005) stated that up to 87% of a child's waking hours is spent outside of school, thus indicating the large impact parents have on a child's educational life. Hansen and Callender's research (2005) also stated that a strong family-school partnership will improve both academic and behavioral outcomes for children.

A study completed by Steen (1998) stated that unfortunately one out of 20 American children under the age of 15 has lost either one or both of their parents to death. Charkow (1998) stated in a study that a bereaved child would often express some behaviour that does not conform to the school norms while in the school setting. Being at school in a daily routine is typically a positive experience for children. An interruption in a child's daily routine, from something as serious as death to something as small as bedtime, can cause many negative effects on the child's school experience (Willis, 2002). Children become more irritable, upset, and have difficulty focusing when their daily schedule is changed.

Lawhon (2004) stated that at any given time in the average classroom, there are at least two children who are going through the grieving process from parental loss. When a child experiences parental loss at the elementary school aged level, such children may not be prepared developmentally. This experience most likely impact their academics in a negative way, as they will likely be focusing on trying to understand where their parents have gone and thus losing maximum attention and focus on academic pursuit.

From the foregoing, to the best knowledge of the researcher, none of these cited in their previous studies examined simultaneously, the grief reactions, coping strategies and counselling needs of Nigerian in-school adolescents faced with parental loss. Hence the need for this body of knowledge to education and this would also help to improve the academic performance of the affected in-school adolescents.

Research Questions

The following research questions were raised to guide the study:

1. What are the grief reactions of Nigerian in-school adolescents faced with parental loss?
2. What are the coping strategies adopted by Nigerian in-school adolescents faced with parental loss?
3. What are the counselling needs of Nigerian in-school adolescents faced with parental loss?
4. Is there any difference in the grief reactions of Nigerian in-school adolescents faced with parental loss based on gender?
5. Is there any difference in the coping strategies adopted by Nigerian in-school adolescents faced with parental loss based on gender?

6. Is there any difference in the counselling needs of Nigerian in-school adolescents faced with parental loss based on gender?
7. Is there any difference in the grief reactions of Nigerian in-school adolescents faced with parental loss based on religion?
8. Is there any difference in the coping strategies adopted by Nigerian in-school adolescents faced with parental loss based on religion?
9. Is there any difference in the counselling needs of Nigerian in-school adolescents faced with parental loss based on religion?
10. Is there any difference in the grief reactions of Nigerian in-school adolescents faced with parental loss based on geo-political zone?
11. Is there any difference in the coping strategies adopted by Nigerian in-school adolescents faced with parental loss based on geo-political zone?
12. Is there any difference in the counselling needs of Nigerian in-school adolescents faced with parental loss based on geo-political zone?
13. Is there any difference in the grief reactions of Nigerian in-school adolescents faced with parental loss based on adolescent's age at parental loss?
14. Is there any difference in the coping strategies adopted by Nigerian in-school adolescents faced with parental loss based on adolescent's age at parental loss?
15. Is there any difference in the counselling needs of Nigerian in-school adolescents faced with parental loss based on adolescent's age at parental loss?

Research Hypotheses

The following null hypotheses were formulated for the purpose of this study:

1. There is no significant difference in the grief reactions of Nigerian in-school adolescents faced with parental loss based on gender.
2. There is no significant difference in the coping strategies adopted by Nigerian in-school adolescents faced with parental loss based on gender.
3. There is no significant difference in the counselling needs of Nigerian in-school adolescents faced with parental loss based on gender.
4. There is no significant difference in the grief reactions of Nigerian in-school adolescents faced with parental loss based on religion.
5. There is no significant difference in the coping strategies adopted by Nigerian in-school adolescents faced with parental loss based on religion.
6. There is no significant difference in the counselling needs of Nigerian in-school adolescents faced with parental loss based on religion.
7. There is no significant difference in the grief reactions of Nigerian in-school adolescents faced with parental loss based on geo-political zone.
8. There is no significant difference in the coping strategies adopted by Nigerian in-school adolescents faced with parental loss based on geo-political zone.
9. There is no significant difference in the counselling needs of Nigerian in-school adolescents faced with parental loss based on geo-political zone.
10. There is no significant difference in the grief reactions of Nigerian in-school adolescents faced with parental loss based on adolescent's age at parental loss.

11. There is no significant difference in the coping strategies adopted by Nigerian in-school adolescents faced with parental loss based on adolescent's age at parental loss.
12. There is no significant difference in the counselling needs of Nigerian in-school adolescents faced with parental loss based on adolescent's age at parental loss.

Purpose of the Study

The purpose of this study is to examine the grief reactions, coping strategies and counselling needs of Nigerian in-school adolescents faced with parental loss. The study would also investigate how gender, religion, geo-political zone and age at parental loss affect the grieving of these in-school adolescents. The extent to which these in-school adolescents were able to develop some coping strategies which they adopted based on the moderating variables under consideration would also be considered. The study also examined the counselling needs of adolescents experiencing parental loss based on the moderating variables under study.

Significance of the Study

The findings of this study would enable teachers, school management, counsellors and psychologist to make appropriate recommendations that would make sure that the appropriate resources are provided for these in-school adolescents experiencing grief reactions as a result of parental death adapt/cope effectively and function effectively after the demise, while other needs are catered for.

Teachers and other staff members of the school where these students attend are likely going to also benefit from the study as it would afford them the opportunity to learn some reasons why students grieving the death of their parents are displaying a

particular set of unapproved behaviours and thus, will be able to bear with them, help provide psychological and other forms of support.

The findings of the study is likely going to be of immense benefit to the school authority as it would help them see the need to provide supportive atmosphere for the student experiencing this traumatic situation to still feel loved and be able to come out of his/her shells and try to move on with life. The school management should allow the grieving child express his/her feelings in order for them to heal quickly. The school management should provide extra care and attention toward the child's studies so that he/she would develop positive attitude toward schooling and be able to assimilate academic information.

To the school counsellor, the study would be of significance to them in that, it would enlighten and broaden their horizon on the emotional behaviours, physical behaviours and psychological behaviours expressed by in-school adolescents going through the grief process from the demise of their parents. The study would enlighten counsellors on the use of some effective techniques such as Rational Emotive Behavioural Therapy (REBT), to help these children understand the concept and reality of death, where the deceased has gone to, and how well they would start on time to cope with the demise of their parent and not allow it further prevent their effective functioning as well as their academic pursuit. The findings of the study will go a long way in assisting school counsellors to understand how best to provide psychological support to students who might be going through grief due to the loss of the loved parents.

Operational Definition of Terms

The following terms were operationally defined as they were used in the course of the study:

- ❖ ***Adolescent:*** This is a young person who has undergone puberty but who has not reached full maturity i.e. being older than a child, yet still not seen as an adult and he/she is between the age bracket 11 – 18 years.
- ❖ ***Bereavement:*** This is a process where a child tries to adjust to reality of his/her parent's death and it's often marked by intense sadness, changes in sleep patterns, change in appetite and lack of interest in typical activities etc.
- ❖ ***Coping Strategies:*** The methods and behaviors through which a person handles the feelings and circumstances associated with grief resulting from parental loss.
- ❖ ***Counselling Needs:*** These are needful concerns (such as how to cope with educational concerns, dealing with sleep problems, maintaining concentration in class among others) of in-school adolescents faced with parental loss in secondary schools that require professional counselling assistance.
- ❖ ***Death:*** This is the end of the life of a parent/guardian and a permanent cessation of all vital bodily functions; caused naturally or by other means such as violence, diseases etc.
- ❖ ***Grief:*** This is the adolescent's personal response to the loss of a significant other.
- ❖ ***Grief Reactions:*** These are the effects of a traumatic event (physical, emotional, psychological and mental) in the life of the adolescents as a result of his/her parental loss.

- ❖ ***In-School Adolescents:*** These are students who are presently attending secondary school education and are for this study, are faced with the loss of their parent.
- ❖ ***Parental Loss:*** This is the sudden disappearance of someone (parent/guardian) so cherished through death and the harm or suffering caused by the loss.

Scope of the Study

The study focused on finding out the grief reactions, coping strategies, and counselling needs of Nigerian in-school adolescents faced with parental loss. A representative sample of 432 in-school adolescents were selected from the six geo-political zones using the lucky-dip, simple random sampling and purposive sampling technique. The study was limited to variables of gender, religion, geo-political zone and adolescent's age at parental loss. The questionnaire type of instrument designed by the researcher and tagged Questionnaire on Grief Reactions, Coping Strategies and Counselling Needs of Nigerian In-School adolescents faced with Parental Loss (QGCCNIAPL) was used to gather the required responses from the respondents. The data analyzed was limited to the use of frequency counts, percentages; mean and rank order, while the formulated hypotheses were tested using t-test and Analysis of Variance (ANOVA).

CHAPTER TWO

REVIEW OF RELATED LITERATURE

Preamble

The growing up of every human is faced with losses as well as gains. For adolescents losing a friend; a parent or a relative can bring about enormous challenges which affect their emotional stability and total functioning for a long period of time.

The literature was therefore reviewed under the following headings:

- ❖ Concept of Grief among Adolescents Faced with Parental Loss
- ❖ Stages of the Loss/Grieving Process
- ❖ Grief Reactions of In-school Adolescents Faced with Parental Loss
- ❖ Effects of Grief on the Adolescent Faced with Parental Loss
- ❖ Coping Strategies of In-school Faced with Parental Death
- ❖ Counselling Needs of In-school Adolescents Faced with Parental Death
- ❖ Developmental Significance of Parental Death to Adolescence
- ❖ Role of Adults and Schools in Assisting Grieving Adolescents
- ❖ Theoretical Framework
- ❖ Empirical Findings
- ❖ Summary of Review of Related Literature

Concept of Grief among Adolescents Faced with Parental Loss

Death is a hard fact of life for young people who have not yet grasped a full understanding of death to come to terms with. According to Adams (1995), 5% to 6% of young ones will be faced with parental loss by the time they are 16 years old. A significant proportion of school-aged children in less industrialized nations have always loose their parents to accidents, illness, childbirth among others (Gertler, Levine, & Ames, 2002).

Loss of a parent is traumatic, and it does affect the bereaved child's emotional status and values. The trauma of bereavement may make it difficult for a child to study and the child may temporarily or permanently withdraw from school. Indeed, many children remain in school because of their family values (Gertler, Levine & Ames, 2002).

Bowlby (1980) described grief as the sequence of subjective state that follows loss and accompanies mourning. Kübler-Ross and Kessler (2005) stated that grief is the intense emotional response to the pain of a loss; it is also the reflection of a connection that has been broken, and importantly, it is an emotional, spiritual and psychological journey to healing. Wolfelt (2007) mentioned that the process of grief gives internal meaning to bereavement. Worden (1996) uses the term grief to describe the child's personal experiences, thoughts and feelings associated with the death. Kübler-Ross and Kessler (2005) added that grief is the healing process of the heart, soul, and mind; it is the path that returns us to wholeness.

According to BoydWebb (2005) grief focuses not on the ability to understand but on the ability to feel. It was added that any child who is mature enough to love is mature enough to grieve. Kübler-Ross and Kessler (2005) confirm this view and add that children are the *forgotten grievers*. With this in mind, it is appropriate and essential for every caregiver and guardian to be equipped with knowledge and skills so as to be able to adequately understand, support and comfort the grieving child.

BoydWebb (2005); Burris (2005); Kübler-Ross and Kessler (2005) established that children do grieve. They observed that children experience the same range of emotions that adults do. However, there are significant differences in the *way* children

and adults grieve. According to Smith (2005), the following factors are recognized as differentiating childhood and adult grief processes:

- Children have limited ability to identify emotions and verbalize their feelings.
- Children often turn their feelings inwards, on themselves, to avoid causing their grieving families more pain.
- Children do not have a lot of experience or well-developed coping skills.
- Children, especially those in the adolescent phase, are sensitive about being different from their peers (Smith, 2005).

Grief refers to the process of emotional healing when dealing with a loss. According to Kübler-Ross and Kessler (2005), many problems in our lives stem from unresolved grief because people lose the opportunity to heal their soul, psyche and heart when they do not work through their grief. Unresolved grief can result in personal, interpersonal or social problems in the future (Thompson, Rudolph & Henderson, 2004). Additionally, a comprehensive study of parentally bereaved (orphaned) children in South Africa shows an increase in the somatic symptoms that are reported and a high percentage (73%) of these orphaned children tested for PTSD (Cluver & Gardner, 2006).

The present age and developmental stage of the child as at the time of the loss determines how well the child will understand the death situation (Kirwin & Hamrin, 2005). Children at an early age may not have the full ability to understand death, but can sense and react to an undesired change. Worden (1996) stated that children need to have acquired the ability to recognize significant figures, such as their parents, and understand the constancy of objects in order for them to grieve properly. Christ (2000) stated that at approximately 6 to 8 years old, the child starts to understand the permanence of death and

react with a behaviour such as sadness. At approximately 9 to 11 years, the children often demand detailed, factual information about the death to gain a complete comprehension of the event. At this age, the children are also able to briefly discuss feelings in indirect ways such as being argumentative, stubborn or withdrawn. At 12 to 14 years, the child feels a strong sense of their deceased parent's presence in their lives. They willingly discuss dreams they had of their parent, admitting they had frequent conversations with the parent and being comforted by the parent's material possessions. Between 15 to 17 years, they tend to display much worry about their own vulnerability to death. They communicate and demonstrate empathy to others who are affected by the death (Christ, 2000; Black, 2005).

Blom (2004) mentioned that by grieving, children are able to adapt to the loss they are experiencing as well as to their new circumstances. It can be deduced that when the grief process is blocked, emotions are suppressed. When emotions are suppressed, the child's normal functioning is affected and this unfinished business will continue to surface, often in the form of inappropriate behavioural, emotional and stress-related outbursts or the presence of somatic symptoms.

Parental loss can occur during childhood or adulthood. Rando (1988) stated that a child's reaction when faced with the demise of the parent vary from person to person and are influenced by the closeness to the deceased parent, and responses of/interactions with the surviving parent. Adolescents grieving the death of a parent appear to have a heightened interpersonal sensitivity, characterized by uneasiness and negative expectations regarding personal exchanges (Servaty-Sieb & Hayslip, 2003).

Death of a parent is the most common form of family loss in middle age. Adult response to this loss is influenced by the meaning of the relationship, the roles the parent played at the time of death, circumstances of the death, the impact of the death on the surviving adult child, and maintenance of the parent-child bond while letting go (Rando, 1988; Moss, Moss & Hansson, 2001). To provide adequate support for a young child that is grieving, surrounding adults should take developmental factors into consideration.

Stages of the Loss/Grieving Process

Kubler-Ross, a psychiatrist, created a model for the emotional stages of dealing with loss. In this model, Kubler-Ross (1969) contends that dying persons grieve their short lifespan, while bereaved individuals grieve the deceased and the moments shared with their loved one (Buglass, 2010). Kubler-Ross developed emotional phases that were based on her dedication to and work with patients who were dying (Kubler-Ross, 1969). While that may be an explanation for emotional distress, Kubler-Ross indicated positive attachments encourage children and adolescents to reach their intellectual potential and develop self reliance.

Sciarra (2004) outlined the stages many who experience grief may go through. These stages include shock and denial, anger and resentment, despair and depression, and finally, acceptance and incorporation into their world. Elisabeth Kubler-Ross (1969) worked with terminally ill patients and is one of the major contributors to defining the stages of grief that someone experiences when a loved one dies. The stages Kubler Ross outlined include: denial, anger, bargaining, depression/despair, and acceptance.

- These five stages can occur in either the sequence presented or in any variety of sequence.
- The stages can recur during a loss experience.
- One stage can last a long time, uninterrupted.
- These five stages can occur in either the sequence presented or in any variety of sequence.
- The loss process can last anywhere from three months to three years.
- These stages of grief are normal and are to be expected.
- It is healthier to accept these stages and recognize them for what they are rather than to fight them off or to ignore them.
- Working out each stage of the loss response ensures a return to emotional health and adaptive functioning.
- Getting outside support and help during the grieving process will assist in gaining objectivity and understanding.

Each of these stages has its own individual characteristics. People do not necessarily experience every one of the stages and sometimes they may go back and forth between them or skip a stage.

❖ ***Denial:*** The stage that Kubler-Ross asserts comes initially in the grieving process is denial and isolation. The first reaction of many people to the experience of loss is denial. During this stage, the person does not want to admit that this is happening to themselves or to others.

The individual begins to use magical thinking believing by magic this loss will go away; excessive fantasy believing nothing is wrong; this loss is just imagined; when I wake up everything will be OK; regression believing that if we act childlike and want others to reassure us that nothing is wrong; withdrawal believing we can avoid facing the loss and avoid those people who confront us

with the truth; Rejection believing we can reject the truth and those who bring us the news of our loss to avoid facing the loss (Kubler-Ross, 1969; Sciarra, 2004)

- ❖ **Anger:** Anger is the next stage. During this stage of grief, the patient and family experience anger over the situation. They might become angry with God, with themselves or with others over the loss; become outraged and incensed over the steps that must be taken to overcome our loss; pick out "scapegoats" on which to vent our anger, e.g., the doctors, hospitals, clerks, helping agencies, rehabilitation specialists, etc.;

The individual then begin to use: self-blaming believing he/she should be blamed for this loss; switching blame believing people should be blamed for the loss; blaming the victim for leaving us; aggressive anger believing individuals have a right to vent their blame and rage aggressively on the closest target; resentment believing peoples hurt and pain is justified to turn into resentment toward involved in the loss event including the victim. Anger is a normal stage. it must be expressed and resolved; if it is suppressed and held in, it will become "anger in" leading to a maladaptive condition of depression that drains our emotional energy (Kubler-Ross, 1969; Sciarra, 2004).

- ❖ **Bargaining:** In the bargaining stage, people try to bargain with God. They vow to be a better person if God will allow them or their loved one live. The individual begins to also promise to do anything to make this loss go away; agreeing to take extreme measures in order to make this loss disappear; lacking confidence in his/her attempts to deal with the loss, looking elsewhere for answers.

The individual then begin to: shop around believing he/she could look for the right person with the solution for the loss; starts gambling believing he/she can take chances on cures for the parental loss; takes risk believing he/she can put him/herself as well as the family members in jeopardy financially, emotionally, and physically to get to an antidote for the loss (Kubler-Ross, 1969; Sciarra, 2004).

❖ ***Despair:*** The adolescent becomes distressed by the pain, and hurt of their loss; they are thrown into the depths of their emotional response. They begins to cry uncontrollably, and thus, goes into spells of deep silence, thinking, and deep melancholy. The individual then begins to experience guilt, believing they are responsible for the loss. They also lose faith and trust believing that because of this loss they can no longer trust their belief in the goodness and mercy of God and mankind (Kubler-Ross, 1969; Sciarra, 2004).

❖ ***Acceptance:*** This is the last stage of the grieving process. During this stage, the individual comes to realize that death is inevitable. They peacefully accept their mortality and prepare for it. They gradually reach a level of awareness and understand the nature of the loss. The terms and conditions involved in the loss is discussed (Kubler-Ross, 1969; Sciarra, 2004).

Young ones who are faced with the loss of a parental figure may be responding by having consistent problems such as pain or withdrawing, intensification of symptoms over time, a dramatic or sudden behavioral change, or extremes in their behavior (Shapiro, Friedberg & Bardenstein, 2006). Sciarra (2004) observed that adolescents are more cognitively capable of understanding the finality of death. They may be

experiencing deep feeling associated with grief such as pain, fear, guilt, and helplessness, but they may not be sure how to express these emotions. Some adolescents do get themselves involved in sports, socializing, or listening to music to deal with the loss (Sheller & Watts, 1999).

Grief Reactions of In-School Adolescents' Faced with Parental Loss

According to Rice (1996), there are three stages that children go through when trying to cope with the death of their parents and they are: *shock*, *great disturbance*, and *gradual reawakening*. Parents and caregivers need to understand that the way children grieve is quite different from the way adults do. Children may initially be too shocked to show any type of emotion and this is at times misunderstood to mean that they are fine when they really are not. In fact, most children are unable to handle the intense emotions that accompany the death of a parent for long periods of time. This explains why their grief may appear suppressed or periodic (Fitzgerald, 1992). Children who have experienced the loss of a parent typically experience intense grief and sadness, social withdrawal, attention seeking, declines in academic performance, rebellion, anger, guilt, and preoccupation with thoughts about mom or dad.

The death of a loved one is a painful experience which is later followed by grief reactions. Being aware of these grief reactions is the first essential steps in helping individuals normalize their experience (Brandon, 2009). Some of these common reactions include: Emotional reactions, which include sadness, anger, guilt, shock, fear, and yearning. Behavioral reactions, that is, changes in sleep and eating patterns, sighing, restlessness, alcohol, and other drug misuse or abuse, and carrying around objects related

to the loss. Cognitive reaction, which may appear as being absentminded, preoccupied, or confused. Physical reactions, which can include feeling hollow inside, weak muscles, lack of energy, crying, feeling short of breath, and if the loss is related to the death of a loved one, people may sense the presence of the deceased person. Spiritual reactions, this can include anger at God, depending on the person's spiritual belief system, sense of a loss of purpose in life, and questioning the loss's meaning.

Parental Alienation Support and Intervention (PASI) (2011) stated the following as additional child development and possible reactions to death. They include

Age Range (3 - 5 years old)

- *Concepts of Death:* It is temporary and reversible; death is mixed up with sleep and trips; may wonder what the deceased/missing are doing; they will never die; sees death as special, but not why; death occurs when something bad is done
- *Feelings:* Cranky (feelings are acted out in play); confused about changes; angry and scared; withdrawn actions; may be interested in dead things; cry; fight; act as if death never occurred.

Age Range (6 - 9 years old)

- *Concepts of Death:* views death as real, though real is distant; begins to understand that death is irreversible; realizes everyone, including self, will die someday; who will care for them if a parent dies? asks questions about the biological processes of death; magical thinking can still overcome death
- *Feelings:* anxiety; sad; confused about changes; withdrawn; angry; scared; moody actions; able to articulate their feelings and thoughts more clearly; older children may revert to younger behaviors; may seek honest, simple answers about

situation; act as if nothing happened; behave aggressively; become withdrawn; experience nightmares; lack concentration; decline in grades; try to control body as they cannot control external environment (may make self vomit to get the “bad” out of belly).

Age Range (9 - 12 years old)

- *Concepts of death:* their words or actions caused death; death may happen again; who will take care of him/her if parents die; sees death as irreversible; can tell difference between living and non living; more adult in thoughts, but still has child like beliefs
- *Feelings:* may internalize anger or sadness; depression; may have preoccupation with the deceased; guilty; scared; confused; vulnerable; may revert to younger aged behaviors; become protective of remaining parent; interest in rituals at death (funerals, wakes, etc...); may play act these rituals; act as if it never happened; behave aggressively; lack concentration; decline in grades.

Age Range (13 years and Older)

- *Concepts:* can joke about death; their actions and words caused death; weakness if they show their feelings; more typical of adult conception of death; able to look toward the future without parent; able to comprehend permanence of death; guilt in their own growth and development when faced
- *Feelings:* adolescent vulnerability is magnified; isolated; worried; abandoned; scared; anxious; lonely; confusion around need for growth vs. regression actions; delay grief until they feel it is a safe time; desire to participate in rituals; engage in risk taking behaviors; display dramatic emotional responses; expresses grief more

with peers than adults; has common adult reactions, (fatigue, depression, somatic complaints); may seek relief through substance abuse

The manner in which adolescents understand and react to death varies and this is largely affected by their age and developmental level. Several authors such as Strouse (2007); Smith (2005); Blom (2004); Holland (2001); Tomaszewski (2001) and Worden (1996) linked the following grief reactions to the adolescent phase:

- ❖ *Feelings:* Adolescents are inclined to experience heightened feelings of sadness, anger and depression.
- ❖ *Suicidal thoughts:* Repeated statements of wanting to join the dead person are found.
- ❖ *Self-destructive behaviour:* Adolescents' expressing behaviours such as self-harm and other antisocial behaviour. Research shows an increase in criminal activities among male adolescents who have lost one parent or both through death (Navarro, 1992).
- ❖ *Prone to accidents:* Young people may be more prone to accidents after a parental death through their own preoccupation with grief, and lack of concentration (Holland, 2001). Significantly more boys than girls are prone to accidents. These children are anxious and feel personally unsafe. During one study, more accidents were reported in households with higher levels of conflict, and children who got hurt saw themselves as being more like their deceased parent than their surviving one (Worden, 1996).

- ❖ *Identity formation:* As a result of their emotional development, adolescents tend to develop strong emotions, which thus lead them to question their identity and the meaning of life. This is often linked to a sense of doom and foreshortened life.
- ❖ *Search for meaning:* In their questioning and search for meaning, adolescents may become interested in the occult, the afterlife, near-death experiences and the rites of various cultures.
- ❖ *Risk-taking behaviour:* Some adolescents turn to substance misuse as a way of escaping grief. Some are inclined to act “out of character” after the death by, amongst others, engaging in delinquent and antisocial behaviour, including promiscuity. Navarro (1992) adds that adolescents’ who have lost a parent through death, are inclined to do drugs, fall pregnant or get into trouble in a variety of other ways.
- ❖ *Peers:* Adolescents faced with parental loss often have high expectations of support from their peers. When the peers do not know how to react, the grieving adolescent thus feel that he/she has become isolated from his/her group and experience a sense of detachment from the group. Peer relationships are important to adolescents and they are likely to feel like an “odd kid” because of the loss (Worden, 1996).
- ❖ *Social pressure:* There is an increase in social pressure to take on an adult role. Family members are likely to tell males, especially, that they must grow up because of the loss (Worden, 1996; Smith, 2005). In the case of parental loss through AIDS, the loss of the parent is compounded by stigma, embarrassment

and secrecy. The adolescent is left to deal with rage, shame and isolation (Navarro, 1992).

There are many possible reactions to grief. The intensity and extent of the reactions depend on many factors, including individual and social factors, and factors relating to developmental level and death. The extensive list of possible reactions is, however, an important indication of what the bereaved child's situation could be and indicates the risk factors associated with bereavement.

Smith (2005) identified various reactions that would indicate that a child is possibly struggling with overwhelming feelings regarding his/her bereavement. Holland (2001) states that effects of bereavement can be either short or long term in nature and adds that our experience of and reaction to death are set in the context of time and place. Reactions could be linked to behaviour, health, school difficulties and others.

A bereaved child may show reaction in the following areas:

(1) Behaviour: As previously mentioned, children do not necessarily have the cognitive skills to identify and verbalise emotions, and often this leads to negative behaviour. Some of the most common behaviour is:

- Aggressiveness: physical and verbal aggression and temper tantrums, sometimes misdirected towards the adult caring for them (Holland, 2001; Worden, 1996).
- Mood swings, especially in adolescents.
- Appetite changes: it is essential to remember that only drastic changes in eating patterns should be interpreted as a sign of distress (Strouse, 2007; Black in Burris, 2005).

- Sleeping disturbances: an inability to fall asleep, disturbed sleep patterns, night waking, bad dreams, early morning awakening and fear of sleeping alone (Worden, 1996; Burris, 2005; Cluver & Gardner, 2006; Strouse, 2007).
- May become withdrawn; may display short- and long-term symptoms of insecurity in the form of clinging or over-attachment (Holland, 2001; Burris, 2005; Strouse, 2007).
- Self-destructive behaviour or a desire to die (Worden, 1996; Elder & Knowles, 2005; Smith, 2005).

(2) **Health (physical reaction):** According to Smith (2005), our unconscious mind can bring our emotional pain to the surface in the form of an illness. This is also the case with children.

- Children become vulnerable to illness. Existing asthma may worsen, and new symptoms may develop.
- Bereaved children often complain of non-specific aches and pains, two of the most common of which are headaches and stomach aches.

Psychosomatic symptoms increase; these may also have deeper-lying causes in the psyche and may be a method for children to express their grief (Cluver & Gardner, 2006; Worden, 1996). These symptoms can be attributed to a contact boundary disturbance, namely retroflexion (Blom, 2004).
- A heightened fear of their own mortality can lead to hypochondria as they worry about whether they too are about to die. In extreme cases, children

have been known to develop symptoms similar to those experienced by the deceased.

(3) **School difficulties:** Reactions to school can differ: school can offer consistency and security, or it can become a place to fear. Various factors and symptoms, including the following, can have a general impact on educational performance and learner behaviour:

- *School refusal.* Children may refuse to go to school because they worry about their grieving parent/s. They may be afraid of feeling different to or isolated from their peers.
- *Increased feelings of anxiety and stress.* They might fear that something else may happen to their grieving parent/s in their absence, and may express fear of the future (Stevenson, 2005).
- *Poor concentration.* Bereaved children may experience impaired memory and poor concentration, which may have a negative effect on academic performance (Strouse, 2007; Cluver & Gardner, 2006; Black in Burris, 2005; Stevenson, 2005; Holland, 2001).
- *Over-achievement.* Some children immerse themselves in schoolwork in order to forget their grief, which results in an increase in achievement. Any sudden increases in attainment following bereavement could be signs of grief, but will generally not be recognized as such, because of their positive connotations (Knapman in Holland, 2001).

Other factors affecting educational performance, identified by Stevenson (2005)

and Worden (1996) are:

- Physical and emotional fatigue.
- Increased visits to the school nurse with somatic complaints.
- Acting-out or punishment-seeking behaviour prompted by feelings of anger or guilt relating to the deceased.
- Increased absenteeism.
- Emotional numbing.

(4) Emotional Reactions: Adolescents' perception of themselves and of what has happened to the deceased influences their feelings about, and reaction to, loss. Explanations concerning the death are important, and have an effect on what the adolescent feels. Emotional problems in children manifest mostly in the form of behavioural changes (Blom, 2004).

In the case, specifically, of parentally bereaved children in South Africa, most work has concentrated on basic needs. This is a natural reaction to the economic deprivation experienced by bereaved households, which, in many cases, have lost their loved ones as a result of AIDS. These orphaned children frequently lack sufficient schooling, shelter and medical care and are at risk of abuse and economic exploitation. Unfortunately, there is limited available research regarding the psychological well-being of orphans in Africa. These children are exposed to multiple stressors, which may complicate and compound the grieving process, and further research in this area is therefore essential (Cluver & Gardner, 2006).

The following are commonly expressed feelings relating to bereavement:

- ❖ *Sadness*: Sadness is a natural and expected reaction when a parent dies and the most frequent reaction to sadness is crying. Adolescents, however, may find it difficult to talk about and express feelings (Worden, 1996).
- ❖ *Guilt*: Children are egocentric and see themselves as powerful. They are therefore more inclined than adults to control the pain of grief by turning it inwards and blaming themselves. They are inclined to feel they should have done something to prevent the loss. Children wish they had done things for, or said things to, the deceased parent that they had failed to do or say, or that they had done or said things differently (Worden, 1996).
- ❖ *Anger*: Anger is often misdirected at the living. Specifically in the case of parental loss, anger is often expressed by means of acting-out behaviour (Worden, 1996).
Children feel angry for a large number of reasons, such as -

- being excluded from what is going on, including the funeral, the scene of the accident, the viewing of the body or the preparations for the memorial;
and
- the fact that the deceased has abandoned them and their families and will not be there in their future and at times still to come when they may need them most.

In cases of parental loss, anger is directed towards a variety of targets, including God and the deceased parent.

❖ **Confusion**

- Children can become confused when adults struggle to find the correct words to explain complex events. Also, adults sometimes give conflicting messages, which can create confusion. An example of this is that some adults say, “don’t cry”, and others encourage the child to cry. In the researcher's experience, it is common for boys who have experienced the loss of a father to be told that they are the man in the house and that they need to “be a big boy and look after mommy” (Cluver & Gardner, 2006).

❖ **Fear and anxiety**

- Bereaved children do become anxious about their own mortality and welfare and that of others (Worden, 1996; Rotheram-Borus, Lee, Gwadz & Draimin, 2001a).
- They do feel anxious that they would forget the deceased.
- In many cases there is fear about the future and about the loss of security and constancy in their life. In cases where a child has lost one parent, there is increased anxiety about the surviving parent (Goodman, 2005; Worden, 1996).
- If the deceased parent died in an accident or was murdered, bereaved children may fear that the circumstances may be repeated.
- Owing to a lack of knowledge and communication about AIDS, many children of AIDS infected parents are ignorant of the cause of death or fear that they will also be infected (Cluver & Gardner, 2006).

❖ **Helplessness**

- Bereaved children feel powerless to help the adults in their life through their grief. Their reaction is often to be “good”, which can feed their denial of grief.
- They feel powerless to help themselves through grief.

❖ **Relief**

- Particularly where there has been a long illness or where the relationship with the deceased was ambivalent or abusive, bereaved children can feel relief at the parent's death.
- In the case of children whose parental loss was brought about by AIDS, it is possible that they may have cared for that parent through the various stages of the debilitating illness, including loss of bodily functions and sometimes AIDS-related mental illness (Cluver & Gardner, 2006). These children could experience relief after the death of such parents.
- Relief is generally followed by a period of confusion as the child tries to understand how to grieve for someone he or she loved but may also have hated or feared.

The emotional responses to loss are therefore extensive. It can be assumed that the intensity and impact of these emotions will cause secondary, symptomatic problems for children. It is essential for the helping professions to be aware of the individual emotional needs of bereaved children, so as to address them competently.

(4) Others include:

- Tiredness, lethargy, lack of interest in activities and friends.
- A variety of cognitive thought patterns, such as initial disbelief, confusion, reliving, imagination and even hallucinations, are experienced (Worden in Blom, 2004).
- All children have accidents or experience mishaps from time to time. However, in the case of bereaved children, accidents may be a form of grief-related behaviour. Theories offered by Worden (1996) have to do with self-punishment (when children feel guilty after the death of a parent); it could be that, without realizing this on a conscious level, the child gets hurt in an attempt to bring about the return of the deceased parent, to evoke the presence of the parent. Smith (2005) adds that deterioration in coordination skills may cause frequent slips and falls, as the mind of the bereaved child is elsewhere.
- In an attempt to evade grief, children's activity levels can change – the children then become restless, over-active or busy (Strouse, 2007).
- Children may suppress their need to cry and to act out their distress in order to protect the adults around them from further pain by not appearing to be affected by the loss.
- Denial of feelings: fear of the intensity of the emotions being experienced can result in a child's denying these feelings. The child tries to ignore the pain for fear that he or she will never recover from it.
- In AIDS-related parental loss, friendship difficulties relating to stigma have been found (Cluver & Gardner, 2006).

Bereaved adolescents' behaviour will invariably be affected in some form or another. Behavioural and health-related changes can be expected. These changes affect their functioning at school and in other areas of their lives. The changes and reactions will determine the extent of the adolescents' continued normal functioning or dysfunction, as well as the actions required for regaining personal equilibrium.

Secondary Losses in Childhood Bereavement

Adolescents experience many losses when a loved one dies. There are often many secondary losses to deal with after the initial impact of the loss. When a parent dies, a child needs to deal with the emotional loss of a parent as well as the practical losses caused by the death of the parent.

(i) *Death of a parent:* According to Smith (2005), the following secondary losses are linked to the death of a parent:

- ❖ *Loss of income:* There is often a loss of income – which, in turn, implies either that a working parent is required to work less or that a non-working parent has to start working. These changes can be stressful for both parent and child. The family could be required to move house, which in itself can be stressful. Sometimes, insurance money received after the death of a parent means that more money than before is available to the family, which could leave the family feeling guilty or searching for compensation in material goods.
- ❖ *Family changes:* Changes in family dynamics invariably take place. Sometimes extended families become involved or the parent takes in a new partner, which in itself leads to a number of changes in the family structures. Sometimes the death of a parent could also lead to a situation in which children are cared for by

different caregivers and in different places, which could imply that siblings are split up.

- ❖ *Loss of future:* After the death of a parent, children fear losing their memories of times together and of milestones in their relationship. They grieve for the loss of the future with the deceased parent and for the loss of the parent's presence at important events and phases in their life. When young ones experience parental loss, their lives invariably change; they deal with not only the emotional implications of the loss but with the many practical arrangements linked to the loss.

(ii) *Death of a lone parent:* In addition to the above points, the death of a lone parent may have further implications.

- ❖ *Reception into care:* The possibility of reception into care in this instance is high, especially when the second parent is absent or unwilling to take on the bereaved child. This leads to issues relating to identity and rejection.
- ❖ *Change to absent parent:* In this case, many new problems may arise – including the possibility of dealing with a stepparent. The previously absent parent may have formed a new family and either the bereaved child or the new family may be reluctant to adapt to the new situation.
- ❖ *Living with other relatives:* The child may need to move away from his or her home, school and known environment to live with other relatives. Adapting to the move in itself causes many possible difficulties for the bereaved child. Moreover, the lifestyle and values of the other relatives may differ dramatically from those to

which the bereaved child is accustomed, which could limit relationship growth and add to the child's grief and sense of isolation.

Effects of Grief on In-school Adolescent Faced with Parental Loss

Adolescent development is complex and includes many life changes. The context for child development is clearly understandable when considering the ecological perspective. Bezuidenhout and Dietrich (2004) recognized the major systems that represent the context for development – namely, the cognitive development, physical development, and psychosocial development.

(1) Cognitive development

Louw, Van Ede and Louw (2005) stated that during adolescence period, the highest level of thought is reached – namely, formal-operational thought. This level of thought is characterized by abstract thinking, hypothetical-deductive reasoning, reasoning from the possible to the real, scientific thinking, reflective abstraction, inter-propositional reasoning and combinatorial thinking. Adolescents therefore develop the cognitive ability both to think abstractly and to envision future possibilities, which leads to the important question “Who am I?” (Feldman, 2004; Perkins, 2006; Focus Adolescent Services, 2007).

The developing cognitive skills play an important role, as risk-taking is typical during this phase. Adolescents develop the ability to take risks and learn to understand and value the consequences of their behaviour (Bezuidenhout & Dietrich, 2004).

An important characteristic of adolescent cognitive development is egocentrism. Louw, Van Ede and Louw (2005), state that adolescents think that others perceive them in a way similar to the way in which they perceive themselves, and that they believe

falsely that their own thoughts are shared by others and that they are prominent in the thoughts of others. Egocentrism plays an important role in social development and peer relations, as adolescents demonstrate a heightened level of self-consciousness and tend to believe that people are always watching them (Huebner, 2000).

(2) Physical development

More physical changes take place during this stage than during any other developmental stage except infancy. These changes, which include the attainment of a mature size and body shape, hormonal changes, and sexual maturation, have varying effects on adolescents, including an increased need for sleep, an inclination to be clumsy owing to growth spurts, sensitivity about weight, concern when they are not developing at the same rate as their peers, and a tendency to rethink their interactions with the opposite sex (Focus Adolescent Services, 2007; Huebner, 2000; Wenar & Kerig, 2000). In some cases, bereaved adolescents become accident-prone, which results in their being more anxious and feeling personally unsafe (Worden, 1996).

(3) Psychosocial development

Psychosocial development relates to the development of the attitudes and skills that a child needs to become a productive member of society (Thompson *et al.*, 2004). The researcher has identified various components that are considered to be linked to psychosocial development.

(a) Identity development

During adolescence an essential psychosocial task is the development of a self-concept and identity. The following five concepts are relevant to identity formation:

- *Defining identity:* Identity is defined as “... who or what somebody or something is; the characteristics, feelings or beliefs that distinguish people from others” (*Oxford Advanced Learners Dictionary*, 2005). According to Wenar and Kerig (2000), identity involves both inner continuity and interpersonal mutuality; it is a process of coming to terms with oneself and finding one’s place in society.
- *Identity development:* Louw, Van Ede and Louw (2005), and Feldman (2004) provide an important description of identity development during adolescence. According to Erikson's psychosocial development theory, the socialization process consists of eight stages. Each stage demands resolution before the next stage can be negotiated. The adolescent phase correlates with Erikson's fifth stage: Identity versus Role Confusion (Bezuidenhout & Dietrich, 2004; Child Development Institute, 2005; Louw, Van Ede & Louw, 2005).

Perkins (2006) identified four basic abstract questions relating to adolescents' *psychosocial* development and, therefore, to their holistic identity formation. The questions are:

- *Who am I?* This relates to the adolescent's sexuality and social roles. Through exploring, adolescents can find their own answers.
- *Am I normal?* Sometimes adolescents need to be more like their peers than their parents in order to feel normal about who they are.
- *Am I competent?* Adolescents should be encouraged to test their interests and it is also necessary for adolescents to feel that they are valued by their peers and parents.

- *Am I lovable and loving?* Adolescents need to know they are loved, and develop best in a supporting family and community life (Focus Adolescent Services, 2007; Thompson *et al.*, 2004).

Identity development forms an essential part of adolescent development. Dealing with the loss of a loved one can have a significant effect of the adolescent's development of identity. Burris (2005), stated that when a person experiences a loss, the person's very sense of self is at stake. Parental loss affects adolescents' development of an understanding of who they want to be and of where they fit into the world (Burris, 2005). An adolescent's task of identity development is therefore complicated by the process related to grief.

- Identity and developmental tasks: According to Louw, Van Ede and Louw (2005) the essential tasks of adolescents are directly linked to Erikson's theory and successful completion of the adolescent's tasks will promote a sense of identity and will limit confusion.

(b) Social changes

Various factors, including the following, impact on social development:

- Peer relations and physical changes: Peer relations play an increasingly important role. By middle adolescence, children interact more with peers, and spend more time with them, than with any other social partner (Berk, 2000). Additionally, cross-gender friendships become more common and the intimacy of attachment merges with the sexual drive, resulting in an

increase in sexual interest (Wenar & Kerig, 2000; Focus Adolescent Services, 2007).

- Cognitive and moral development: Cognitively, adolescents' thinking abilities broaden and they develop increased perspective-taking ability, levels of empathy and interest in various societal issues (Focus Adolescent Services, 2007). On a moral level, adolescents develop the ability to see the bigger societal picture and might value moral principles over laws (Focus Adolescent Services, 2007). Both cognitive and moral development, therefore, have a significant impact on the adolescent's social development.

(c) Psychological changes

Body image and self-esteem form important components of psychological development (Christie & Viner, 2005). Other factors that impact on psychological growth include the following:

- Systems functioning: Owing to the development of abstract thinking, adolescents develop the ability to use internal symbols or images to represent reality and are able to think hypothetically about the future and to assess multiple outcomes (Christie & Viner, 2005). When the adolescent loses a loved one, the systems in which he or she previously functioned often change (Worden, 1996).
- Emotional development: As adolescents develop emotionally, they may have an increased ability to empathize, and may behave in an increasingly responsible manner. Also, they are more inclined to worry during this phase (Focus Adolescent Services, 2007).

Grieving adolescents experience increased demands on their emotional world. Their life experience is limited, and coping with the loss of a loved one is emotionally difficult (Burris, 2005). Often times, children who are grieving do have limited ability to verbalize feelings, but they are inclined to turn their feelings inwards, on themselves, and they attempt to avoid talking about their loss (Boyd Webb, 2005; Burris, 2005; Smith, 2005). Adolescents who are grieving often experience feelings of anger, depression, sadness, and suicidal thoughts or express intense emotions through other forms of self-harm (Smith, 2005).

Grieving adolescents try as much as possible to deal with these heightened emotions amidst changes in environment, social expectations and general functioning. It is therefore essential that the emotions of the bereaved adolescent are recognized, explored and addressed.

Coping Strategies of In-school Faced with Parental Death

A variety of unique events take place when an individual passes away. Such an exceptional series of events can lead to confusion and disarray in the surviving child's life. Baine and colleagues (2008) suggested that children's adjustment following a major stressful event such as parental death is heavily influenced by the cascade of stressful events that occur following the death. This concept is known as the transitional events model. The model indicates that young ones faced with parental loss tend to experience other stressful events. By minimizing unnecessary stressful events, the child may have the opportunity to experience less distress throughout the grieving process.

According to Loni (2009) young ones are dependent on their parents and adults to help them meet their physical and emotional needs. Hurd (2004) noted that adults around the child should provide a comforting environment in which the child can freely communicate his/her emotions while in the grieving process. Unfortunately, many adults tend to assume that children overcome the grieving process quickly, experiencing grief at a continually decreasing rate with a definite ending (Black, 2005).

However, this process can last a very long time and the child still experiencing varying intensities of grief (Black, 2005). Kirwin and Hamrin (2005) observed that adolescents not allowed to go through the grieving process at their own pace tend to develop some negative reactions such as anxiety and depression. Complexities concerning the developmental stages of children contribute to the unique needs that parentally bereaved children develop as a result of their parent's death. The concept of death is misunderstood by young ones due to their developmental or cognitive levels, they then thus have different needs compared to adults (Auman, 2007).

MacPherson and Emeleus (2007) stated that children who are grieving have numerous and unique needs that should be met. In their study, bereaved children identified the following needs: the need to be educated about death and the grieving process; the need to have techniques that keep memories meaningfully and privately; the need to escape the distress and intensity of the situation, the need for a prompt response when requesting for support and the need for having their own understanding of death. Clark (1997) stated that adults should be encouraged to explain the situation leading to the death of the child's parent concretely otherwise they may begin to create stories to fill in the gaps to develop an understanding. The story can potentially be more upsetting

than what actually took place (Worden, 1996). In addition, children should be part of the process following a parental death. This gives them an opportunity to say their good-byes in a healthy manner (Clark, 1997).

Holland (2001) suggested that children be briefed in familiar terms about the funeral in order to mentally prepare them for the unique series of events that will be unfolding before them. Following the funeral ritual, children begin to experience the reality of their transition into life after their parent's death. Researchers tend to agree that family members are the most influential individuals who assist these children through this transition and the grieving process (Auman, 2007; Cait, 2005; Ellis & Granger, 2002). Furthermore, Cait (2005) noted that the children who have had open communication and reported feeling closer with family members also tended to report fewer symptoms of depression and other emotional difficulties. In summary, bereaved children tend to experience a smoother transition and a less tumultuous grieving process when they have support from family members (Loni, 2009).

According to Mack, these individuals often reported their siblings were among their closest friendship circle as adults. Siblings may be able to provide the necessary support for their brother(s)/sister(s) due to the natural ability to identify with and meet each other's needs.

Although siblings are important, the arguably most significant individual on a bereaved child's grieving process tends to be his/her surviving parent (Auman, 2007; Kennedy, McIntyre, Worth, & Hogg, 2008; Kirwin & Hamrin, 2005). Further, the way in which the surviving parent copes with the loss is the strongest predictor of risk to the child's own emotional health (Kennedy et. al., 2008). Brown, Sandler, Tein, Liu, and

Haine (2007) found a relationship between surviving parents' psychiatric symptoms and their children's reported mental health and social adjustment problems. Cait (2005) noted that children are aware of whether or not their parents are emotionally healthy and are quick to provide support for them if needed. This supportive behavior from the children may seem beneficial; however, their support can come at a cost of the children's own emotional health.

Hurd (2004) suggested that parents should be taught how to maximize the potential of existing external protective factors and to nurture the internal protective factors of each bereaved child. This can be accomplished by taking the initiative to assess and improve their own parenting skills while promoting the child's strengths, uniqueness, interests and goals. When the surviving parent is self-aware of his/her own emotional and mental health, the parent can then begin to provide a beneficial, healthy environment for children to openly grieve.

Children entering the grieving process can utilize coping strategies suggested by other children who have previously lost a parent (Black, 2005). Black offered several healthy coping mechanisms for children who experienced a parental death. Some of these mechanisms include: crying alone, expressing the grief, listening to music, joining a support group, using the word death or the name of the deceased parent, telling a teacher their personal preference regarding sharing information about the death with others and their own comfort level of expressing their grief.

According to MacPherson and Emeleus (2007) children tend to express their need for their lives to be as normal as possible following parental loss. This includes returning to familiar activities that took place prior to the death in an attempt to develop a known

rhythm for school and family life. In summary, with support from surrounding adults, a child can experience a healthy grieving process.

Counselling Needs of In-school Adolescents Faced with Parental Death

Trying to educate effectively, a student faced with the death of his/her parent in a school system is a big challenge and despite efforts made at helping by caregivers, guardians or the school teachers, the effect still persist. The researcher is therefore of the view that counselling should be explored to discover what needs counselling can offer that could provide assistance and enhance learning of students faced with parental loss in secondary schools in Nigeria. However a brief description of the concept of counselling would go a long way towards a better understanding of the role of counselling in formulating intervention strategies for students faced with parental loss in secondary schools in Nigeria.

Counselling is a helping profession. It is regarded as a helping profession because its watchword is to assist people faced with concerns difficult for them to bare or resolve on their own; they then seek the help of a professional counsellor. A counsellor as a helping professional is someone who helps with the exploration and resolution of issues and problems presented by a client: the person seeking help. According to Hackney and Cormier (2001) the process of finding an effective helping process entails the following: the client who is in need of assistance; the counsellor who is willing to give help; the counsellor must also be trained and capable personnel; there has to be an enabling and comfortable environment that permits help to be given and received.

Counselling according to Idowu (1986) is a process whereby an individual with a problem is helped by a professional counsellor to voluntarily change his/her behaviour, clarify his/her value system, and give his/her attitude, ideas and goals a second look in order that his/her problems may be solved. This definition brings to knowledge that counselling is a process and not a one top-short approach; that it aims at helping a troubled person resolve certain personal issues; that it is not just offered by anybody but by a professionally trained counsellor, meaning that doing the same thing by a non professional is not counselling but advice giving; and that the expected end is voluntary and not by force. Therefore, counselling involves multi-stage approach to helping an individual or group of persons resolve or manage their concerns in other for them to continue to function effectively.

Gesinde (1981) looked at counselling from the rehabilitation point of view asserts that counselling is a professional assistance given by counsellor to an individual or group of individuals who are either able or disabled for the purpose of understanding their conflicting areas of life better, detecting alternative solution to problems and living a fulfilled life.

From the discussions so far, it is obvious that counselling is a profession that provides assistance to individuals or even groups with difficult circumstances, requiring help; offered by a professionally trained counsellor with the hope of resolving a self defeating conditions to enable the client forge ahead. Counselling helps the client clear every defeating condition to enable the client really face life in terms of what he wants to be as well as contribute more to self and others (Uba, 2009). Uba emphasized that

counselling also gives the client the opportunity to explore, discover and clarify ways of living meaningfully towards greater wellbeing; as well as enhance the ability to cope with life conditions that are not easy to change such as visual loss as well as enhancing the client's ability to make appropriate life decisions (Uba, 2009). The researcher is also of the view that counselling should focus on helping students faced with the reality of parental loss toward self-management through the help of grief counselling.

Grief counseling is a form of counselling between the counsellor and the grieving client whereby the counsellor helps the client not to get over the loss but to aid the client pave through the healing process (Anderson, 2012). Healing may become visible when the grief is not so fully consuming anymore, and not absolutely devastating and debilitating. The triggers that cause a grief response are fewer and farther between. When the unpredictability of grief responses lessens, and the ability to function resumes to a place of healthy homeostasis then healing can be said to be taking place.

Grief counsellors are seen as companions and according to Carpinello (2004) bereavement caregivers help people to integrate life's losses by being present to them and observing them through the healing process - companioning. Carpinello (2004) elaborated the idea of companioning by stating that companioning is about honoring the spirit, curiosity, learning from others, walking alongside, being still, discovering the gifts of sacred silence, listening with the heart, bearing witness to the struggles of others, being present to another person's pain, respecting disorder and confusion, and going to the wilderness of the soul with another human being. Being fully present and non-judgmental towards the grieving client are huge gifts that can be very comforting and normalizing for the individual.

Carpinello (2004) also stated that grieving individuals need reassurance that what they are experiencing is normal. This validation affirms feelings and normalizes the bereaved person's responses to their grief. Additionally, Carpinello stated the importance of ritualization as a way to give extraordinary meaning and honor in a symbolic fashion to their loved one. Four functions of rituals were identified and they are; rituals in continuity, rituals in transition, rituals in affirmation, and rituals in intensification. Rituals according to Carpinello (2004) can vary greatly, but some common rituals may include washing a body post death, a memorial service or funeral, lighting candles, reading a poem, going through pictures, speaking of memories, and intentionally reflecting on the deceased person, their life, and their contributions to their family, community, workplace and world at large.

Sometimes it is difficult to make sense out of death especially when death occurs earlier than anticipated or in a tragic occurrence. Regarding the concept of meaning reconstruction, including sense-making, benefit-finding, and progressive identity change after a loss, research results show that though the objective circumstances of the loss carry weight, the survivor's subjective interpretation of the loss is more influential in explaining ensuing grief responses and that sense-making is a more critical pathway to [compound grief] than the objective cause of death (Lobb, Kristjanson, Aoun, Monterosso, Halkett & Davies, 2010). Therefore, it is most important to ask the bereaved individual where he/she is at emotionally, what their interpretation is of the situation, and how best to be of support.

The researcher is also of the view that counselling should focus on helping students face the reality of parental loss by providing the students with useful and

appropriate information that would help them develop social maturity through interaction with other individuals. This will go a long way towards addressing some of their counselling needs. Children have been referred to as the forgotten mourners and grievers, since, during times of bereavement, they are often forgotten and their needs mostly remain unmet (Kübler-Ross & Kessler, 2005; Smith, 2005). Smith (2005) and Worden (1996) suggested the following counselling needs of these bereaved students and they include:

- *Adequate information:* Information about the death – specifically concerning what happened and how it happened – should be given to the adolescent as soon as possible after the death has occurred, as delays in receiving information allow children to create their own fears, fantasies and worries.
- *Explanation and addressing of fears and anxieties:* The information given to children concerning the death should be truthful, even if the adults fear that those details may be unnecessarily upsetting. If children – and especially adolescents – are not told the truth, they make up their own explanations, which, in light of their fertile imaginations, could be far worse and far more upsetting than the reality. It is essential that adolescents should have access to information. The importance of language in addressing this need cannot be understated. Adults need to realise that it is essential for them to use the right language when speaking to children, as words can easily be misinterpreted. Kübler-Ross and Kessler (2005) stated that “words carry emotions and have unimagined consequences”.
- *Allow the individual to grieve:* Persons going through the grieving process should be encouraged and be able to experience and express feelings linked to grief

(Stevenson, 2005). Grief often suppressed often manifests in ways that are negative. Adolescents suppress their grief because they need to take on a new role; they do not want to burden the adults with their pain, and they are uncertain about what is expected of them in terms of grieving (Worden, 1996).

- *Involvement and inclusion in respect of rituals:* Specific consideration needs to be given to involving and including adolescents in the rituals surrounding death and bereavement. BoydWebb (2005) referred to times when children may be permitted to have personal contact with the deceased, which include: being present at the death; viewing the body; attending ceremonies; and visiting the grave site.

Burris (2005) noted that, although it became common practice in the twentieth century to exclude children from various aspects relating to death, the practice seems to be changing back to the inclusion of children in the cultural practices relating to death in our society. Burris (2005) stated that when children are excluded from discussions about parental losses, they are left to struggle with their own fears and anxieties in isolation. When children can express their emotions, have them validated and enjoy open discussions, they usually experience a relief followed by an eventual ability to move past the loss with an increased ability to cope (Burris, 2005). When adolescents are involved in rituals, they are taught how to build a healthy belief system around death and loss (Kübler-Ross & Kessler, 2005). Counsellors and other therapists are advised to have an in-depth knowledge of the various religious and cultural beliefs regarding parental loss and should take these into consideration when working with bereaved adolescents.

- *Reassurance:* Persons faced with parental loss need reassurance that the world as they know it has not completely disintegrated. They need structures and boundaries to feel safe, and these can be offered by giving them sufficient time to explore their new environment and by having them return to near-normal routine activities as soon as possible. They need to maintain age-appropriate interests and activities (Worden, 1996).
- *Commemorating:* As part of mourning the person who has gone, the child needs to remember the good and the bad parts of the life of the deceased (Stevenson, 2005). Opportunities, for remembering the deceased, need to be created for the bereaved child.
- *Move on:* The grieving child needs to move on by investing in other healthy relationships (Stevenson, 2005). The needs of the bereaved child are closely linked to the essential tasks required for dealing with, and successfully addressing the complete process of, grief. It is therefore essential to recognize and address these essential needs of children who have experienced loss through death to ensure that they regain normal, healthy functioning.

Helping Skills for Counsellors in Counselling Grieving Clients

Helping a client grieve successfully requires a process and certain professional skills are required in order for the process to be smooth and successful. These skills are expected of the counsellor to be put into use in the course of helping a grieving client as a result of the loss of a loved one. These skills also show that the counsellor is paying close attention that he /she cares, and that he/she is actively listening (Wheeler-Roy & Amyot,

2004). According to Wheeler-Roy and Amyot (2004), the following are some of the skills which are very helpful for a professional counsellor assisting a client through a grieving process:

- (1) ***Eye Contact and Facial Expression:*** The professional counsellor need to ensure that regular eye contact is made with the client; his/her face should reflect a caring attitude to the grieving client; and the need to avoid any gestures that hide the face from the client's view.
- (2) ***Body Language:*** The counsellor needs to be very attentive and relaxed, and use positive gestures; orient his/her body toward the client who is speaking; sit on the same level with the client; and create an "open" body posture: legs and arms uncrossed, body upright and centered.
- (3) ***Vocal Style:*** The counsellor need to always use a natural vocal style where his/her voice will always communicates emotions; the counsellor also needs to speak in a relaxed, warm manner (Wheeler-Roy & Amyot, 2004).
- (4) ***Verbal Following:*** The counsellor needs to stay on the topic and not deviate or jump from one topic to another. The counsellor should take his/her cues from the grieving individual; he/she needs not always rush to respond to the clients request; and it is also appropriate for the counsellor to always pause in order to reflect on the issues discussed.
- (5) ***Verbal Skills/Interventions:*** The counsellor needs to always make use of open ended questions. Open ended questions helps the counsellor to opens new areas for discussion; it aid the individual in exploring his/her feelings and thoughts.

Some non-supportive behaviours often displayed which thus truncates the session include:

- (1) Verbal Behaviors: the counsellor responding too quickly; changing the subject; talking too much about yourself; asking “why” questions; giving advice; preaching, placating, lecturing; over-interpreting; asking too many questions; interrupting silence; allowing the individual to ramble on among others.
- (2) Non-Verbal Behaviors: the counsellor displaying a rigid posture; taking notes; clock watching; letting his/her gaze wander among others (Wheeler-Roy & Amyot, 2004).

Role of Adults and Schools in Assisting Grieving Adolescents

The National Association of School Psychologists (NASP) (2003) suggested that schools need to allow students dealing with family death adequate time to grieve. If schools pressure students to resume “normal” school activities without a chance to deal with the emotional pain they are feeling, it may prompt additional negative problems while at school. McGlaflin (1998) stated that school personnel have increasingly become concerned about children who often have difficulty coping with the school environment after a loss. Children coping with loss generally exhibit behaviors such as lack of concentration, inability to complete tasks, fatigue, excessive displays of emotion, withdrawal, and aggressiveness (McGlaflin, 1998).

In a study carried out by Hope and Hodge (2006) it was found out that girls were more likely to experience depressive symptoms after the loss of a parent than boys. Additionally, younger children were more at risk for depressive symptoms than older children.

Osofsky (2004) reported that the loss of a parent or primary caregiver through death constitutes a specific traumatic experience for young children because they lack the emotional and cognitive maturity to cope with a major or serious disruption to the continuity of their sense of self. Following the death of a parent a child may show mood disorders followed by prolonged grief. Children often cope easily when faced with parental loss that was anticipated, rather than sudden and tragic (Hope & Hodge, 2006). It should also be noted that the way parents perceive death may be a factor in how their own child will perceive death. Charkow (1998) indicated that an important factor that impacts children's grief is chronological age and developmental level. Children of different ages conceptualize death and grief in various ways depending mainly on their cognitive functioning.

Kübler-Ross and Kessler (2005) stated that people are of the view that it is the responsibility of the parents, the schools, and the religious communities to teach children about life; but it is also always assumed by everyone that someone else will deal with a child's grief. Holland (2001) observed that various professionals, such as undertakers and doctors, at times of death, and on other support agencies, such as counsellors are at times relied upon to help individuals pave through grief. Kübler-Ross and Kessler (2005)

added, however, that, in reality, it is everyone's responsibility to talk to children about grief. The role of adults and the school is considered in this study.

(1) *Role of adults (Parents, Caregivers or Professionals):* Adults are inclined to want to spare children the task of dealing with emotions and other issues linked to bereavement (Smith, 2005). BoydWebb (2005) stated that many adults avoid discussing death with children because of their own anxiety about the subject, but avoiding discussions of death related issues with young ones denies these young ones the opportunity to fully integrate death and the other related concepts into their own lives.

O'Toole (2005) mentioned that grieving can be thought of as a life skill that can be taught and learned. O'Toole added that adults can use teachable moments of grief in many ways:

- to normalize the experience of grief;
- to witness, to validate and label a child's feelings of loss without judging the feelings; and
- to model and guide ways of externalizing feelings that avoid harm to the child or others.

Holland (2001) mentioned that it is plausible to suggest that how well children cope with the area of death and bereavement in their adult life is partly a function of their childhood experiences and of how the adults around them at the time dealt with these losses.

Smith (2005) mentioned that adults, whether parents, caregivers or professionals, can acknowledge children's grief, understand the re-emergence of grief, answer questions as they surface, anticipate behaviour problems in bereaved children and include children

in the mourning process. Wolfelt (2007) stated that the goal in helping bereaved children is not to “get them over it”, but rather to include them in the process – for, as the child participates in this process, there comes a natural realisation that life will be different without the deceased. Adults need to show children what grieving looks like, to cry and tell stories and laugh and cry together (Kübler-Ross & Kessler, 2005). It is important that adults should not over-protect grieving adolescents. The reason for this is that, given their drive to autonomy, they are more likely than younger children to feel over-protected and to resent it (Barlow-Irick, 1997).

Adults, in different areas and in various roles, therefore have a significant role to play in assisting bereaved adolescents. These roles include modelling the way in which the emotional and practical implications of grief are dealt with. Allowing adolescents to recognize and utilize support systems is also an important task of the adult.

(2) *Role of Schools:* When a death within a family occurs, the entire family enters a grieving process. Unfortunately, there are times in which the surviving members of the family are not able to help the children bereave due to their own grieving, which thus makes the children express negative feelings or low attention span for school related activities (Eppler, 2008). Preparation by all school faculty and staff is necessary to prevent children from retreating in their academic and personal lives. According to Auman (2007), children who experience the grieving process also require support from school personnel in order to continue their growth and psychological wellness. Kennedy et al (2008) asserted that providing support for children who are bereaved is challenging for any school. Therefore, schools must focus on preparing for such circumstances through providing optimal educational services to all of their students.

Holland (2001) stated that schools can implement both a reactive and a proactive approach in potentially helping bereaved children. Wilby (2005) added that a school is a community in itself as well as a meeting point of many communities, cultures, traditions, values and beliefs. The amount of time, a minimum of six hours a day, which is spent in school means that the sharing which occurs between individuals and groups of people within the school system covers a broad spectrum of life experiences and concerns. The school system therefore plays an important role and significantly impacts the lives of all learners, including

Smith (2005) and Holland (2001) have identified the following tasks of the school:

- Identifying changes in behaviour: Some children view school as the one place that is still “normal” and they may attempt to deny their emotions surrounding the loss. Other children could find that school is a safe place in which to express their feelings. In the latter case, changes in the child’s behaviour are essential indicators.
- Be aware of potential school refusal: Children who are dealing with bereavement may be unsure of what reaction they will get on their return to school and may find that their status at school has changed. The bereaved child’s peers may react to the child differently from before. They may ignore the loss, which may leave the child feeling unsupported, or they may ask so many questions that the child feels unable to cope.
- Create a supportive atmosphere: Educators can offer the child a supportive atmosphere in which he or she, and the other children in the class, feel able to talk

and share their thoughts and feelings. This atmosphere can be created by making sure the staff and other learners have been briefed about what has happened. The learners in the child's class can be prepared for his or her return to school and can be given the opportunity to ask questions of the educator rather than of the bereaved learner.

- Acknowledge the death: It is appropriate for the class or school to acknowledge the fact that the child has lost a loved one, and there are a variety of methods for doing this. In the case of death in a learner's family, it is suggested that the learner should be asked how he or she would like the bereavement to be marked, as some acknowledgement from the school is an important factor in creating an atmosphere of empathy and understanding.
- Create communication links with home: It is essential to have contact with the bereaved child's family so as to understand the child at school. Different families have different rituals and patterns of grief, and the school needs to understand these so as to understand the child's behaviour. Educators could discuss the dynamics of loss and bereavement and their effects on a child with the surviving parent or family members. Important decisions regarding the child's involvement in rituals can be made in conjunction with educators. Parents can be warned about the danger that children may become isolated and may have no one to talk to about the experience.
- Create a school policy: This helps to provide a framework within which all school staff can deal with death. The school will feel less vulnerable when it has a plan for managing a variety of situations. These guidelines should cover, amongst

others, referral systems for the bereaved child, staff bereavement training, and advice in respect of funeral arrangements.

- Include the issue of loss and bereavement in the curriculum: It is suggested that loss and death be included as a subject in the school curriculum, as a proactive means of helping to prepare children for their future losses.

According to Clark (1997) each child experiences their own unique grieving process. Even though there is such a variety of experiences a child may have, research suggests there are commonalities between those who may be at risk as a result of a parental death. Kennedy et al. (2008) identified the following risk indicators of a grieving child: being under ten years old, having a learning disability, experiencing a previous loss and having a history of psychological disorders within the family/child. Further risks identified by Stokes were: when the death resulted from a sudden, traumatic or violent death, when circumstances of the death threatened the child's own life among others. All grieving children are at risk due to the intense, unfamiliar emotions they may experience.

Auman (2007) noted that children need support, guidance and counselling throughout the grieving process. However, schools, counsellors and psychologists should understand that providing supportive services to a grieving child can also put the child at risk by possibly setting the child up for another loss when counseling sessions terminate (MacPherson & Emeleus, 2007). With effective transition and a change in a school's overall approach, this risk may be minimized. Rowling and Holland (2000) and MacPherson and Emeleus (2007) suggested that school personnel should not only offer reactive support for children faced with parental loss but also a proactive approach through the inclusion of the concepts of death, loss and bereavement within the education

curriculum. These researchers suggested that individual counselling would be more appropriate for an adolescent and indirect support through the surviving parent would be most beneficial for younger children. By the proactive approach suggested by Holland, school personnel may benefit children by creating an open environment within the school setting similar to what has been suggested for the home setting.

Black (2005) in a study titled “How teachers and counsellors can reach out to bereaved students: When children grieve”, spoke of Helene McLaughlin, a practicing school counsellor, who suggested six steps necessary when establishing an effective environment for a grieving child. **First**, a support team should be created that focuses on issues surrounding the grieving child. According to Black, McLaughlin stated this school-based team should meet quarterly throughout the school year to review the recent research regarding successful interventions for helping bereaved children. **Second**, school personnel need to understand that the act of grieving is a natural and healthy response of an individual to a traumatic situations such as death. **Third**, schools must understand that each child experiences the grieving process in a unique way. The **fourth** step includes providing training for staff to answer questions the grieving child may have and how to talk to the child about his/her thoughts and feelings about the incident. **Next** McLaughlin stated that schools should also encourage teachers to watch for particular warning signs of a grieving child such as disorientation, confusion, forgetfulness, impatience, inattentiveness, disruptiveness and grief that may re-emerge months later. **Finally**, school personnel should help these students faced with parental loss; seek counselling in order for them to quickly and easily get through the grief process. Eppler (2008) indicated that

any intervention implemented to a grieving child needs to promote resilience and positive adjustment while responding to the child's feelings of loss.

Some researchers have offered a comprehensive model for school personnel to follow when helping a grieving child some according to Auman (2007) and Eppler (2008), for schools to become prepared in assisting their students who may have experienced such an event, they need to begin with educating their staff. Teachers and other school faculty personnel need to be educated about the grieving process, become familiar with the developmental stages of grieving and be willing to provide support to children who have and are experiencing it. Clark (1997) posited that it is also important for school officials to educate children who are grieving of ways in which they could communicate their experience to their peers by providing them with options.

A large portion of a child's day is spent within the school building. School faculty and staff can provide a grieving student with a helpful environment by giving the student a sense of structure and predictability. To provide assistance for grieving children at home, Procidano and Fisher (1992); Hurd (2004) indicated that schools should attempt to work with parents and families to educate them about the grieving process and their role in it.

A school can provide a child with a safe, consistent environment in which they may grieve; however, experiencing a healthy grieving process is ultimately up to the child and his/her family members. Within the school setting, teachers can incorporate students' personal lives into the classroom to encourage students to discuss their feelings and points of view (Winter, 2000). The teacher according to Winter (2000) should not force any child to discuss their emotions or personal life rather they can over time

become an observer, consultant and support system for the children and family members that are grieving (Winter, 2000).

While schools can offer great support to children and family members on multiple levels, some aspects are important to keep in mind when working with these children. Worden (1996) stated that some children have the ability to experience mourning and go through the grieving process alone but support systems can help the child do so in an optimal environment. The most helpful task any adult can do for a grieving child is to listen (Clark, 1997). It is important that children have the opportunity to talk about their emotions and concerns. At the same time, Clark (1997) asserted that the behaviour of the grieving child is unique to each child following the death of a parent. Hardy (2006) stated, there is a point where you just have to move forward. This implies that irrespective of the nature of parental loss or the duration of the loss, the adolescent has his/her life to live and should endeavour to accept the reality of the loss, put the past behind and move on in order to have a meaningful life.

Theoretical Framework

The loss of a loved one is a universal experience. Every individual at some point in their lives experience some losses and traumatic circumstances. This experience has the potential to displace a person from their anticipated life course. Some theories were explored by Pedro (2012) which have explained the complex process of loss and grief; they are:

(1) Freud's Model of Bereavement

This model emphasized Freud's ideas on grief with respect to personal attachment. The theory stresses those individuals who are grieving, search for an attachment that has been lost. Freud described mourning as detachment from the loved one and a state of melancholia thus suggesting that when mourning goes wrong, melancholia escalates. Melancholia was seen as a profound level of depression displaying a complete loss of pleasure in almost everything. Parental loss could make people loose their sense of identity (Freke, 2004). While grieving, it was suggested that the grieving individual should let go of multiple attachments that are involved in the formation of a relationship. When parental loss is accepted, the ego is said to accommodate the loss enabling the bereaved to search for new attachments (Humphrey & Zimpfer, 1998; Susillo, 2005).

(2) Bowlby's Attachment Theory

According to Bowlby (1980), attachment develops early in life and this often offer security and survival for individuals. When these affectional attachments are broken, that individuals experience distress and emotional reactions such as anxiety and anger (Freeman, 2005). These emotions are often expressed as mourning. Bowlby (1980) explained the four general phases of mourning, they are: numbing, yearning and searching, disorganization, reorganization.

- *Numbing* entails displaying feelings of disbelief that the death has occurred, providing the grieving person with temporary relief from the pain associated with the loss.
- *Yearning and searching* entails realizing the loss when the numbness begins to fade away. Anger and frustration is common at this phase and the individual is searching for someone to place the blame on.
- The *disorganization* phase entails accepting the loss along with all the turmoil it brings.
- The *reorganization* phase takes effect once the bereaved comes to a realization of a new life after the deceased (Freeman, 2005; Worden, 2005).

(3) **Rando's Six "R" Model**

This theory suggests that there are 6 phases in the grieving process and they are namely to recognize, react, recollect, readjust, relinquish and reinvent. Rando (1993) proposed this model. This model was specifically developed for grief following the death of a significant other but could be generalized to other types of loss (Humphrey & Zimpfer, 1998). According to Humphrey and Zimpfer (1998) the Rando's Six R are:

- i. *Recognize*: The individual needs to first recognize and understand the loss
- ii. *React*: At this point the individual starts to display a range of painful emotions
- iii. *Recollect*: The grieving person starts to review and remember his/her relationship with the deceased.

- iv. *Relinquish*: The individual then puts his/her losses behind them, accepting the reality and that there is no turning back
- v. *Readjust*: The individual then starts to go back to his/her normal daily activities and pain from the loss starts reducing.
- vi. *Reinvent*: The individual accept the new changes that have occurred and tries to move on from there in order to functioning effectively.

(4) Person-Centred Approach/Therapy

Carl Rogers in the 1950s and 1960s developed this therapy. The approach is based on certain assumptions concerning human nature and the means by which to comprehend it. Rogers was of the view that people can only be understood by starting with their perceptions and feelings, i.e., exploring their own phenomenological world. In order to understand an individual the client must concentrate his/her attention not on the events he/she experiences but on the way they are experienced as the phenomenological world of each individual is the main determinant of his/her behaviour and what makes that subject a unique individual.

Healthy people are capable of purposeful behaviour and establishing goals. They do not respond passively to the influence of the environment or to their own inner drives, and they are capable of making their own choices. In this affirmation, Rogers is closer to the Ego-psychologists than the orthodox Freudian school of thought. Haugh (2011) noted that the person-centred counselling approach is very helpful for bereaved people. The person-centred approach is by its nature organismic, about connection and relationship;

acknowledging the incredible pain of loss, and helping people to explore why they feel the pain, and how they are coping.

However, from the client's perspectives an integrative approach is preferred (Flatteau Taylor, 2005). Clients identify the person-centred relationship way of working (non-directive), with some additional attributes that they need from a counsellor. Primarily they need a counsellor who could be more proactive than traditionally seen in person-centred counselling, although also not overly directive. They want to talk to someone who understands the background of some of the issues they may face, to help normalize their experience when they frequently feel they are out of kilter with the world, and reacting abnormally. The duty of the counsellor using the Rogerian theory is not to reassure them, but to be alongside as they put the pieces of their shattered lives back together, albeit this will be in a different shape and pattern.

(5) Rational Emotive Behaviour Therapy (REBT)

Based on the strengths and weaknesses of other counselling theories, Rational Emotive Behaviour Therapy (REBT) is considered the most congruent and seems closely allied to the practice of counselling clients who are experiencing parental loss anxiety. This can be achieved through re-educative-relearning approach, where by the client is taught how to dispute irrational beliefs, eliminate them and finally replace them with a rational belief system.

Rational Emotive Therapist regards people as having the inherent capacity to think and act rationally and irrationally. Rational thinking lead to displaying appropriate emotion and adaptive behaviours resulting giving rise to healthy functioning, while

irrational thinking leads to inappropriate emotions and imperfective behaviours. Ellis (1973) identified such self-defeating functioning as anger, depression, guilt, grief and anxiety. Children who have lost their parents experience such irrational thoughts beliefs and philosophies which eventually are cosigns of their sorrow and affecting their efficiency in life, and at school.

People experiencing parental loss anxiety could be taught by a rational emotive therapist on how not to think irrationally and or not to engage in false sentences. It is negative feelings about oneself such as this, which is consequent upon cognition, and self-verbalizations that constitute lowered self-esteem to them and possible withdrawal from school activities or drop-out. Ellis (1973) was of the view that affect and behaviour are largely determined by cognitive perception. Thus, REBT is an effective counselling intervention therapy for behavioural change and emotional balance for health impaired individuals to live a sustainable life considering their cognition and self verbalization. REBT entails digging deep into the activating event as if one has a camera in order to be sure of objectivity (Adewuyi, 2006).

Disputing self-verbalization in the affected individual experiencing parental loss is in form of a debate, which is based on the following:

- Is my thinking based on obvious fact?
- Will my thinking help me to achieve my short and long term goals?
- Will my thinking here best help me avoid my most unwanted conflicts with others?
- Will my thinking here best help me habitually feel the emotions I want to feel?

All these and many more are expressed by the emotionally aggrieved child who has just lost his/her parent to death and the REBT counsellors should be aware and thus, the process of effective counselling should be based on these premises. REBT Counsellor, following the A B C principle, declares that it is not the antecedent event (A) such as losing a parent to death that causes the consequence (C) negative emotion or reaction such as depression and grief; rather it is the persons belief system (B). The belief system which comprises those self evaluation meanings or self verbalization that negatively magnify the persons attitude toward the event – being rejected by others, because the child who is health impaired suffers: physical, psychological and social imbalance hence, they are usually depressed.

In correcting their identified cause of the disturbed condition, the REBT counsellor shows them that it is the illogical thinking that is the cause of their sorrow and unhappiness hence the counsellor will assist by helping them to change the irrational beliefs to a rational one through the elongation of the ABC theory into A – B – C – D – E – F. At point D the REBT therapist teach the client how to dispute his irrational beliefs he/she acquired at point (B) such as why should it be my own parents that should die at this time I need them most; I am worthless and can never make it in life. Ellis and Bernard 1986 described disputing process as having three components.

- (a) *Detecting*: clients learn how to detect their irrational beliefs.
- (b) *Debating*: clients debate their dysfunctional beliefs by learning how to logically and empirically question them and vigorously argue themselves out of and act against behaving them.

- (c) *Discriminating:* clients learn how to discriminate irrational beliefs from rational ones.

The REBT Counsellor employs behavioural, cognitive and emotive methods to assist clients to surrender their irrational beliefs either during counselling session or outside counselling sessions. The persistent and forceful dispute (at point D) of these irrational beliefs with the child experiencing parental loss anxiety by the counsellor will eventually lead to a new cognitive affect at point E leading to the belief that he is not worthless or hopeless and that despite the death of his parent there is potentials and possibility of moving on achieving his/her dream aspirations. Finally at the last stage, which is point (F) implies that the counsellor is successful at point E and the child experiencing the parental loss anxiety at this stage would have developed a new set of feelings which is rational and effective in his day to day activities, feelings of grief, depression and anxiety would totally be rejected or reduced to the barest minimum. The interaction process is diagrammatically shown in Figure 1.

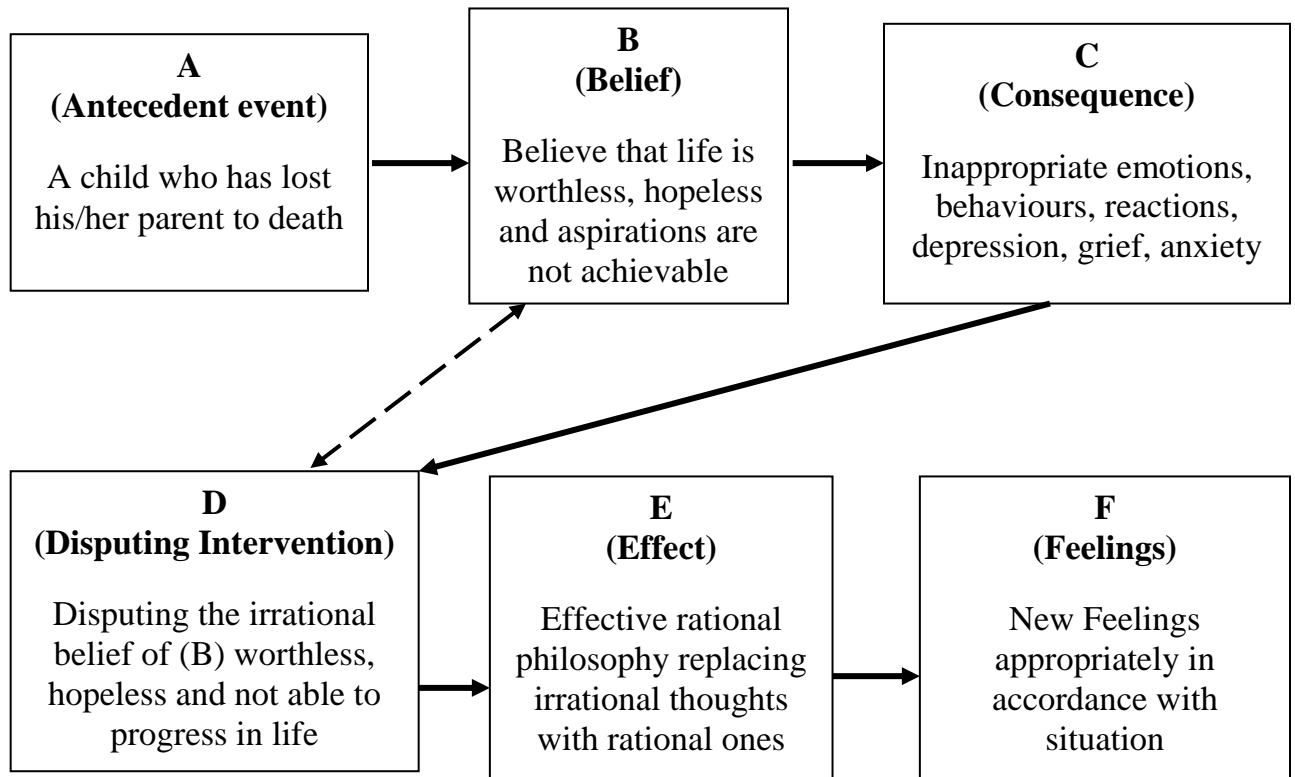


Figure 1: Illustration of the A-B-C Theory of Personality
Adapted from Azekhueme, (2007)

However, it must be noted that during the counselling session the REBT counsellor subscribes to various techniques such as teaching the client to examine and modify the irrational perceptions and beliefs, the child experiencing the parental loss anxiety is first allowed to grieve and later taught how to end the depressive mood by either modifying their thoughts and feelings and by learning to accept their existing life limitations when circumstances such as the death of the parent cannot be altered/reversed (Ard, 1968).

Brandon (2009) stated other methods through which professional counsellors can help a grieving child with parental loss anxiety. Some of these methods according to Brandon are:

- ❖ *Active listening with the heart:* Counsellors should try to be as present as possible and pay attention to what the person is telling him/her in the moment.
- ❖ *Give permission to talk:* Many times people need to tell their story of loss more times than the people in their life want to hear it. As a counsellor, you may have heard your client's story of losing all his/her material possessions in a tornado many times, but the client may need to tell it again as part of his/her grieving and healing process.
- ❖ *Accepting expressions of feeling without censoring:* The counsellor may not like that the client is enraged with her mother for dying, but the client's anger needs to be expressed and the only place he/she may be able to do that is in counselling session/centre with the counsellor.
- ❖ *Explore dreams:* Grieving people often have dreams related to their loss and it is helpful to talk about them. There is no need to interpret client dreams, but instead it is the process of discussing them that is helpful when people desire to do so.
- ❖ *Suggest reading materials:* Some people find reading about similar loss experiences helpful and they may appreciate book suggestions. Counsellors need to be sure that they have read any book they are recommending to a grieving client.
- ❖ *Suggest support groups and networks:* Some people appreciate the experience of being in groups or connected to others who have had similar loss experiences. As these groups having similar situation with the client could help them cope much better with their present experience.

- ❖ *Use a variety of methods to explore thoughts and feelings:* Drawing, music, poetry, journaling, guided imagery, and relaxation techniques are common examples as are complimentary therapies like meditation, acupuncture, or yoga.
- ❖ *Attend to cultural influences:* Who a grieving person is and where they come from means so much. It is necessary for a counsellor to be much knowledgeable about many cultural backgrounds and how griefs as well as losses are addressed in their culture.

Empirical Findings

Parental loss impacts negatively on the total development of a child (Lachman & James, 1997). Although relatively few studies have examined the long-term impact of parental loss, there is a fair amount of evidence to support the relationship between early parental death and certain types of psychopathology in adulthood (Berlinsky & Biller, 1982). Parental divorce has been associated with various socioeconomic (SES) differences, behavioural problems, and personality changes in both childhood and adulthood (Amato & Keith, 1991a).

Bowlby (1982) described the effect of parental loss in terms of both an increased likelihood of and a greater vulnerability to future adversity. Although parental separation does not necessarily lead to psychopathology, it may initiate a chain of negative events which causes its effect to persist over time. Because parental death causes a lasting change in the child's environment, it can be a turning point for certain individuals (Rutter, 1996).

Parental death is also thought to increase the likelihood that an individual will encounter further adverse experiences (Bowlby, 1982). Several studies have found that

children who are separated from one parent during childhood due to death tend to have lower income and education levels as adults (Amato & Keith, 1991c). Not only do financial resources become limited, but the remaining parent may also have less time to help the children with their homework and take them to special lessons or activities.

In addition, parental death may lead to a reduction in social support which is also related to poorer health (House, Umberson, & Landis, 1988). Both death and divorce remove one parent from the home which limits the amount of parental support the child receives. Furthermore, this type of loss is associated with interpersonal difficulties which may reduce the amount of support the child later receives from friends or family. Bowlby (1980) suggested that parental death may impair the child's ability to form an image of him/herself as both capable of helping him/herself and deserving of help from others. Ragan and McGlashan (1986) found that participants who grew up in families where one or both parents died were more likely to have difficulty forming stable adult relationships.

Parental death may also be associated with particular lifestyle changes that could affect physical health in mid-life. There is some evidence that parental death may increase the likelihood of alcohol and drug abuse in adulthood (Dennehy, 1986). Researchers such as Aro and Palosaari (1992); Dougherty and Needle (1991) have also found that substance use may increase in children after their parent death (The children may feel rejected by the nonresident parent and find comfort in peer groups that pressure him/her to use drugs, drink, or smoke. If these health-compromising behaviours continue into adulthood, they may also explain the impact of parental divorce on adult health.

Gateway International Report (2006) stated that there were above 3.5 million children under the age of 18 who had lost one or both parents through death. Reasons for the deaths include violence, motor vehicle accidents, HIV and AIDS, and other illnesses. According to Eppler (2008), adolescents who are faced with parental loss tend to report lower self-esteem, experience depressed states and have higher levels of anxiety. It is imperative that adults understand and acknowledge the fact that children do not grieve the same way as adults. If their unique grieving process is not taken into consideration, there may be detrimental effects on the children's development and overall psychological well-being.

Bertozzi, Levine, Martinez and Gertler (2004) opined that parental loss is a severe traumas that an adolescent can suffer and this often lead to relatives and neighbours abusing such child. Odu, Alokun and Arijesuyo (2012) corroborated this finding by stating that many secondary school students in South West Nigeria experience child abuse after parental loss and two of the major causes of these child abuses are; lack of warmth and adequate family interaction on one hand and death of parents on the other hand. Some other students, who are faced with the reality of the loss of their parents while in school, are usually affected with anxiety, depression, withdrawal from social activities, engaging in disruptive and delinquent behaviours.

Research has identified that between 6 and 15% of children and young people experience severe anxiety [British Association for Counselling and Psychotherapy (BACP) 2004]. Anxiety disorders can lead to long-lasting and destructive problems, including poor school performance, school refusal, family relationship problems, depression, self-harm and suicidal ideation, and can have further implications for school

attendance, learning, achievement and peer relationships (BACP, 2004; Pattison & Harris, 2006).

Edward and Stoppler (2011) opined that coping with bereavement is very painful as a significant loss, one may experience all kinds of difficult and surprising emotions, such as shock, anger and guilt. Dowdney (2000) carried out a study on childhood bereavement, and found out that children often experience an increase in anxiety, fears, angry out bursts, a combination of sadness and crying, irritability, mild depression appears to be frequent and can persist for at least a year. Boys in general were also found to exhibit higher levels of emotional and behavioural difficulties following parental death. Male and female teenagers express emotions but differently, Girls are more expressive than boys. Boys may avoid grief expression due to difference in socialization that encourages males to establish an independent and emotionally resilient identity (Sandler, Ayers, Wolchik, Tein, Kwok, Hain, 2003).

Student academic achievement could be one area largely impacted by parental death. The death of a parent does have a profound negative impact on student's academic achievement because the parent plays a large role in most children's academic development. Braden and Miller (2007) reported that parental involvement in a child's education has been related to multiple positive effects in children's school achievement. It was reported that children whose parents were involved in their education earned higher graders, had better attendance, completed more homework, and were more motivated students. The importance of family involvement in a child's education is not just a recent finding. Hansen and Callender (2005) stated that up to 87% of a child's waking hours is spent outside of school, thus indicating the large impact parents have on

a child's educational life. Hansen and Callender also stated that a strong family-school partnership will improve both academic and behavioral outcomes for children.

Steen (1998) in a study found out that unfortunately, 1 out of 20 American children under the age of 15 years has lost either one or both of their parents to death. Research conducted by Charkow (1998) suggested that a bereaved child will often express his/her sense of loss while in the school setting. Being at school in a daily routine is typically a positive experience for children. An interruption in a child's daily routine, from something as serious as death to something as small as bedtime, can cause many negative effects on the child's school experience and academic achievement (Willis, 2002). Children become more irritable, upset, and have difficulty focusing when their daily schedule is changed.

Children need to go through the grieving process at their own pace (Coyne, & Beckman, 2012). Grieving can as well be long and a painful process which often times could impact the student's academic performance. Fiorini and Mullen (2006) reported that childhood grief is an inevitable, traumatic event that results in a permanent or temporary disruption in a routine, a separation, or a change in a relationship that may be beyond the person's control. This disruption, change or separation causes pain and discomfort and impacts the person's thoughts, feelings, and behaviors.

Adolescents' trying to cope with parental loss generally exhibit behaviors such as poor concentration, inability to complete tasks, tiredness, and excessive anger (McGlauffin, 1998). The National Association of School Psychologists (NASP) (2003) suggested that schools need to allow students dealing with parental loss ample time to grieve. If schools pressure students to resume normal school activities without ample

time to heal and deal with the emotional pain they are feeling, it may prompt additional negative problems while at school.

According to Osofsky (2004), parental loss constitutes a specific traumatic experience for young children because they lack the emotional and cognitive maturity to cope with such disruption. Adolescents manage parental loss well when they are anticipating the loss, rather than being sudden or tragic (Hope & Hodge, 2006). Lawhon (2004) stated that when the death of a parent happens at the elementary school aged level, children may not be prepared developmentally. Parental loss often leads to a decline in the student's academic achievement (Coyne & Beckman, 2012). Following the death of an immediate family member, a child's self-confidence will lower, resulting in a self-struggle with school work (Lawhon, 2004). Barrett (1995) stated that the trauma of a significant loss for a child takes time to heal and requires patience and understanding especially from significant adults (such as the teachers and school staff).

Lawhon (2004) suggested that teachers who are helping students cope with parental death do the following: help the child to understand what death is, and to accept the child's reactions to death. For children and teachers to comfortably grieve in the school community, McGlaufin (1998) suggested that staff educate themselves by a professional counsellor on the grieving process to better help the child who is grieving since the teachers are regularly at close contacts with the students.

McGlaufin (1998) suggested that educators let the children express their thoughts and feelings about death while at school. Allowing children to discuss how they feel and express their emotions while at school may increase their emotional and cognitive ability to complete their academic work. Realistically, in today's society and culture it has

become more difficult for children to effectively cope with their emotions surrounding death (Willis, 2002). Eppler (2008) observed that experiencing a parental loss, children tend to mourn according to their current developmental level. Children may even withhold their grief until they have reached an appropriate developmental level to do so.

Summary of Review of Related Literature

The death of a parent may change the life of an adolescent in many influential ways. Sometimes the bereaved adolescent may want closeness and support and sometimes distance from his/her partner or from anyone. Cultural background and practice is important in understanding the expectations around the acceptance of and preparation for death. If the parent was enrolled in a hospice program, there may have been more preparation for death as well as availability and accessibility towards bereavement education and support.

Closeness and distance involve matters of emotion, physical closeness, extent of mutual self-disclosure, and amount of time spent together and apart.

Death is inevitable for all mankind but it is a traumatic experience for every child. A significant proportion of school-aged children in less industrialized nations have always lost parents to accidents, childbirth, and illness. When an adolescent experiences parental loss, grief reactions follows immediately. Being aware of these grief reactions is the first essential step in helping someone normalizes their experience and cope effectively with the situation, hence the need to seek counselling. Counselling must be total to be meaningful and effective for the social, physical, emotional, cultural, and vocational development of a child. Counselling must aim at gaining in-sight into the

psychological effect of the parental loss on the client in order to be able to help the client going through grief heal quickly. In most cases counsellor who attend to clients experiencing parental loss anxieties is expected to choose from many counselling interventions that is most appropriate and congruent with their own theoretical orientation. However, counsellors observation of change in the client is the subjective measures such as evaluation of illogical and logical thinking ratio, clients proficiency in analyzing his or her self talk and the ability to teach REBT to others.

CHAPTER THREE

METHODOLOGY

Preamble

This chapter focuses on the method of investigation that will be adopted for the study. It describes the research design, sampling procedure, instrumentation, psychometric properties of the instrument, procedures for data collection, procedure for scoring the instrument and method of data analysis.

Research Design

The research design that was used for this study is the descriptive survey research design. The descriptive survey method was adopted for the study. The descriptive survey involves gathering information on people's opinion, beliefs, attitude, motivation and behaviour (Akuezilo & Agu, 2003). Research design is a set of plans and procedures that researchers use within scientific inquiry to obtain empirical evidence (data) about isolated variables (Heppner, Wampold & Kivlighan, 2008). It involves developing a plan or structure for an investigation, a way of conducting or executing the study that reduces bias, distortion, and random error. The descriptive research design of the survey type is considered appropriate for this study as the study intends finding out the grief reactions of in-school adolescents faced with parental loss; the counselling needs of these in-school adolescents; and the coping strategies adopted also by these in-school adolescents after the death of one or both parents, and in Nigeria in order for them to forge ahead with life's expectations.

Sample and Sampling Procedure

The population of the study is all students in Nigeria faced with parental loss. There are about 31,035,369 adolescents in Nigeria faced with parental loss (Multiple Indicator Cluster Survey, 2011). This figure includes male and female adolescents, those in school and those out of school. The target population is all in-school adolescents faced with parental loss (either one or both parents) and attending secondary schools. The researcher then estimated that 60% of these students would be in secondary schools. The estimated in-school adolescents in secondary schools are 18,621,221 (See also Table 1). Table 1 showed the distribution of students by age, gender and faced with parental loss in Nigeria.

Table 1: Distribution of Students faced with Parental Loss and Attending Secondary School by Age and Gender

Age Groups	Male	Female	Total	60% is Estimated to be in Secondary School
10 – 14	8,504,319	7,631,631	16,135,950	9681570
15 – 19	7,536,532	7,362,887	14,899,419	8939651
Total	16,040,851	14,994,518	31,035,369	18621221

Adapted from the Multiple Indicator Cluster Survey (2011) Main Report p. iv

The target population as shown in Table 1 is 18,621,221 out of which 384 was sampled for the study based on the Research Advisors' (2006) table for sample selection at a confidence level of 95% with a margin of error of 5%. The following is the sampling techniques that were used by the researcher to select the sample for the study:

The simple random sampling technique (fish-bowl sampling techniques) and purposive sampling technique was used by the researcher to select the sample for the study. The fish bowl sampling technique at first was used to select one state from each of

the geo-political zones. This process entailed the researcher writing the names of all the states in a zone on different small pieces of papers, carefully squeezing them, and then placing them into a container. The papers were properly mixed together. After which, the researcher picked a piece of paper at random, whichever state that appeared on the paper was the state sampled for the study. The same procedure was repeated for the other states in the other zones. A total of 6 states were selected for the study.

Simple random sampling was also used by the researcher to select two secondary schools. The schools that were sampled from were secondary schools with reputable names and track records of high academic achievement over a period of time despite the possible cases of parental loss that do affect students in the course of their academic pursuit. Of the two secondary schools that were selected for the study, one of which was a private secondary school while the other was a public secondary school in each of these states sampled for the study. A total of 12 secondary schools (6 private; 6 public) were selected for the study.

Purposive sampling technique was then used by the researcher to select the in-school adolescents in each of the sampled secondary schools for the study. Purposive sampling according to Daramola (2006) is a procedure in which a researcher knowingly selects certain groups as samples because of their relevance to the investigation under consideration. The purposive sampling technique allows selection to depend on the purpose the researcher has in mind (Jibril & Nwanmuo, 2010). It is considered appropriate because it ensures that only the elements that are relevant to the study are included (Koul, 2009).

Purposive sampling technique was used to select the respondents faced with parental loss from each of these secondary schools. The researcher decided to use the purposive sampling technique to select the in-school adolescents again because these students though are present in these schools but they might not want to indicate to the researcher/assistants that they have been a victim of parental loss as some of them feel it might trigger their anxiety level and bring-forth repressed feeling. Hence, the researcher selected 36 secondary school students comprising (6 students from each level i.e. J.S.S I – S.S.S III) who have lost either one or both parent to death from each of the selected secondary schools in each of the sampled states. A total of 72 in-school adolescents comprising (36 private; 36 public) were selected as sample from each of the states. Thus, from the six geo-political zones, a total of 432 in-school adolescents were selected for the study.

Instrumentation

The instrument to be used in data collection for this study was a researcher-designed questionnaire tagged “Questionnaire on Grief Reactions, Coping Strategies and Counselling Needs of Nigerian In-School Adolescents Faced with Parental Loss (QGCCNIAPL). The questionnaire form for this study was divided into four sections (A, B, C & D); Section A comprised personal information about the respondents such as gender, religion, and adolescents age at parental loss. Section B comprised of 20 items that focused on the grief reactions of in-school adolescents faced with parental loss. Section C comprised 20 items that focused on coping strategies of in-school adolescents faced with parental loss. Section D comprised 20 items that focused on the counselling

needs of in-school adolescents faced with parental loss. A four-point Likert type questionnaire will be provided to elicit responses from the participants in the following order: Very True of Me (VTM); True of Me (TM); Sometimes true of Me (STM); Not True of Me (NTM).

Psychometric Properties of the Instrument

Validity of the Instrument: Validity is the degree to which an instrument measures what it purports to measure (Miller, 1997). The validity of an instrument according to Kendra (2010) is the ability of an instrument to assess what it was designed to assess. Validity of the instrument was determined using content validity. Boriowo (2005) stated that one of the characteristics of a good instrument is that it should have face and content validity. The instrument for this study was given to five lecturers including the researcher's supervisor in the Department of Counsellor Education who assessed the instrument for validity. Their comments on the instrument were effected which thus led to the production of the final draft of the instrument in order to suit the intended respondents for the study.

Reliability of the instrument: Reliability is the degree to which an instrument which is used to measure a sample of behaviour yields the same result consistently at different time interval it is administered. Key (1997) defined reliability of an instrument as the degree to which a test measures what it is purports to measure, that is, the extent to which the test result can be relied upon as a true score. Hassan (1998) defined reliability as the consistency with which the scores in a test are related to the scores in the other test when given the second time under the same condition. According to Kendra (2010), the

reliability of a test instrument lies in its consistency. Kendra further explained that a test is considered reliable if it yields the same results on repeated trials. The reliability of the instrument was determined using a test re-test procedure. The researcher administered the instrument to 20 in-school adolescents from a secondary school in Ilorin, Kwara State. After an interval of four weeks, the instrument was re-administered to the same set of respondents. The two set of scores derived were then subjected to Pearson's Product Moment Correlation Co-efficient (PPMC) and a correlation coefficient of 0.87 was derived. This thus showed that the instrument is reliable and suitable for the study.

Procedure for Administration and Data Collection

A consent form was designed by the researcher and administered to the students faced with parental loss by the teachers/research assistants in the selected schools. The affected students indicated their admission number, gender, age, class, religion, duration of the loss, and age as at the time of the loss. Then during the break-time, these students that filled this consent form willing were directed to the hall, lab or a specified classroom where the administration of the instruments as well as a brief motivational talk was given to them to strengthen them. The instrument designed for the study was personally administered to the respondents with the aid of trained research assistants. This is to ensure ease of administration and retrieval of the instrument. The respondents were allowed to ask questions from the researcher or the trained research assistants on areas that required clarification on the questionnaire forms. The respondents were also asked to complete the questionnaire forms independently.

Procedure for Scoring the Instrument

Section A of the instrument will be reported using percentage, Sections B, C and D would be scored on a five-point scale with scores allotted as follows:

Very True of Me	(VTM)	4 points
True of Me	(TM)	3 points
Sometimes True of Me	(STM)	2 points
Not True of Me	(NTM)	1 point

Sections B, C, and D of the questionnaire contained 20 Items each which thus imply that the highest score any respondent can obtain in each of the sections would be 80(20x4) while the lowest score would be 20 (20 x 1). The range is 60 (Highest score minus lowest score). The average of the range is 30. Therefore, any respondent that scored between 20 – 50 in Section B would be said to be having a low grief reactions from parental loss; while any respondent who scored between 51 – 80 could be said to be having a high grief reactions to parental loss. For Section C, any respondent that scored between 20 – 50 could be said to be having a less need for counselling with respect to parental loss, while anyone that scored between 51 – 80 could be said to be having a high need for counselling with respect to parental loss. For Section D, any respondents who scored between 20 – 50 could be said to be having a poor coping strategies to parental loss, while anyone that scored between 51 – 80 could be said to possess a high coping strategy toward parental loss.

Method of Data Analysis

Frequency counts and simple percentages were used to analyze the demographic data collected in Section A, while mean and ranking order was used to answer research questions 1, 2 & 3. Furthermore, the t-test and the One-Way Analysis of Variance (ANOVA) were used to test the hypotheses. Adana (1996) stated that t-test is a non-parametric test which is often used to compare means of two groups such as male and female, while Analysis of Variance (ANOVA) is used in testing variables having more than two groups. Hypothesis 1, 2, 3, 10, 11 and 12 were tested using t-test, while hypotheses 4, 5, 6, 7, 8 and 9 was tested using ANOVA. The Duncan-Multiple range test was used as a Post-Hoc where a significant difference occurred in the ANOVA results. All at 0.05 alpha level of significance.

CHAPTER FOUR

RESULTS

Preamble

The main purpose of this study was to determine the grief reactions, coping strategies and counselling needs of Nigerian in-school adolescents faced with parental loss. The study also sought to investigate the influence of variables such as gender, religion, geo-political zone and adolescent's age at parental loss on the issue aforementioned above. Data collected from four hundred and thirty-two (432) respondents were used for the analysis. Twelve (12) null hypotheses were postulated and tested at 0.05 alpha level of significance. This chapter therefore presents the results obtained from the analyses of data.

The results are presented in three sections. The first section provides the descriptive data analyses in a frequency chart. The second section contains the inferential statistics where the results of the twelve (12) null hypotheses postulated and tested are presented, while the third section provides a summary of the findings.

Demographic Data

The distribution of respondents by variables of the study i.e. gender, age, marital status, religion, ethnicity and educational status are presented in this section.

Table 2: Distribution of Respondents by Personal Data

Item grouping	Frequency	Percentage
Gender		
Male	168	38.9
Female	264	61.1
Total	432	100.0
Religion		
Christianity	279	64.6
Islam	144	33.3
African Traditional Religion	9	2.1
Total	432	100.0
Geo-Political Zone		
North-West	72	16.7
North-East	72	16.7
North-Central	72	16.7
South-West	72	16.7
South-East	72	16.7
South-South	72	16.7
Total	432	100.0
Adolescent's Age at Parental Loss		
1 – 9 years	168	38.9
10 – 18 years	264	61.1
Total	432	100.0

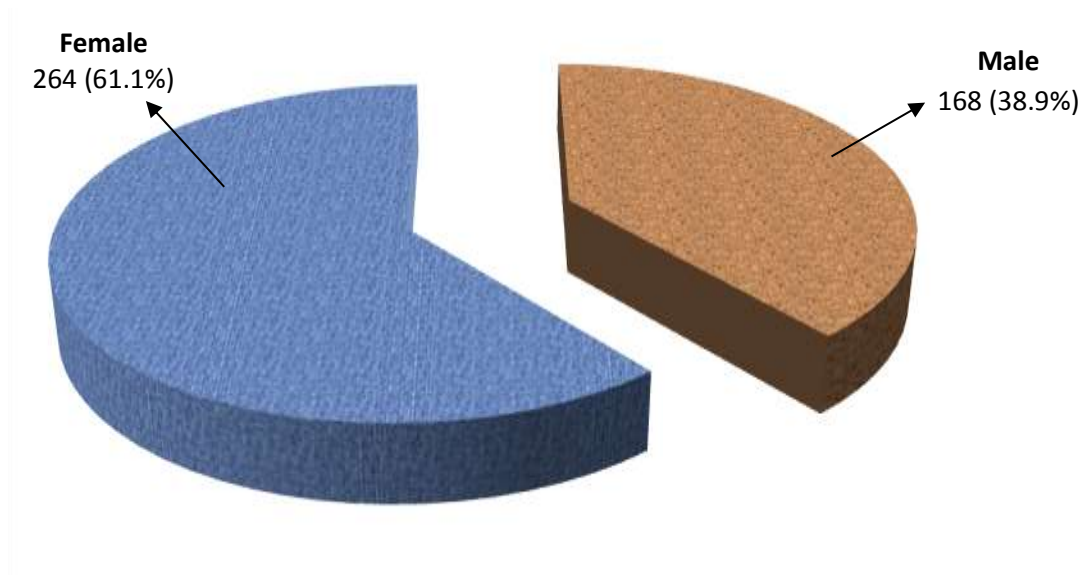


Figure 2: Distribution of Respondents by Gender

Figure 2 shows that male respondents that participated in the study were 168 (38.9%) while the female respondents were 264 (61.1%). This implies that there were more females than males that participated in the study.

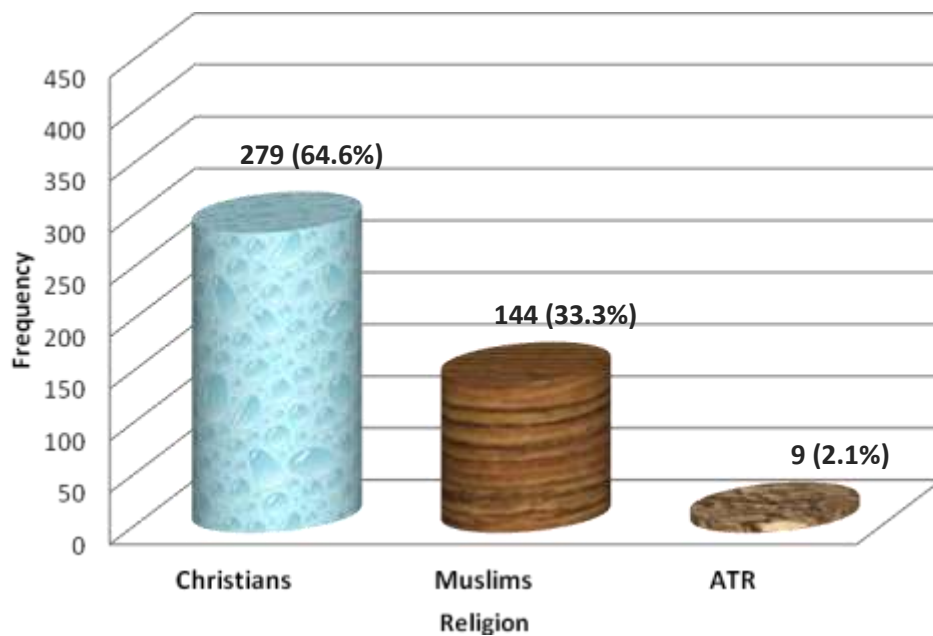


Figure 3: Distribution of Respondents by Religion

Figure 3 shows that a total number of 279 (64.6%) were Christians; the Muslims were 144 (33.3%), while African Traditional Religionists were 9 (2.1%). Compared with other religions, majority of the respondents that participated in the study were Christians.



Figure 4: Distribution of Respondents by Geo-Political Zone

Figure 4 shows that a total number of 72 (16.7%) of the respondents were from North-West; 72 (16.7%) of the respondents were from North-East; 72 (16.7%) of the respondents were from North-Central; 72 (16.7%) of the respondents were from South-West; 72 (16.7%) of the respondents were from South-East; and 72 (16.7%) of the respondents were from South-South. This indicated that an equal representation of the respondents participated in the study.

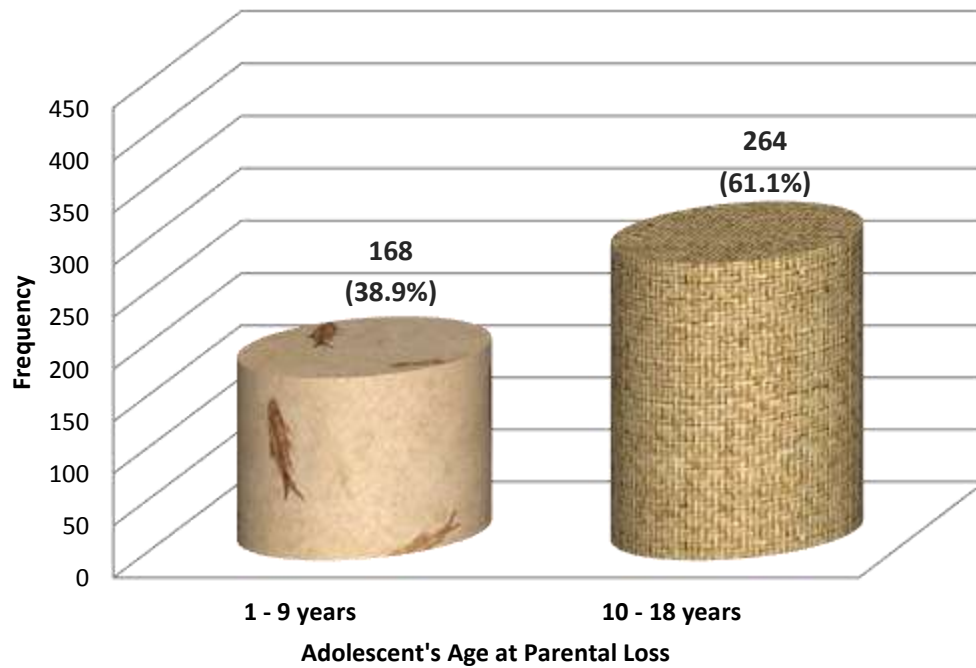


Figure 5: Distribution of Respondents by Adolescent's Age at Parental Loss

Figure 5 shows that a total number of 168 (38.9%) of the respondents experienced parental loss when they were between the ages of 1 to 9 years old, while 264 (61.1%) of the respondents were 10 to 18 years old when they experienced parental loss. Majority of the respondents that participated in the study experienced parental loss when they were between 10 to 18 years old.

Research Question 1: *What are the grief reactions of Nigerian in-school adolescents faced with parental loss?*

Table 3: Mean Scores and Rank Order on the Grief Reactions of Nigerian In-school Adolescents Faced with Parental Loss

Item No	Due to the loss of my parent(s), I experience:	Mean	Rank
1	mood swing	3.71	1 st
19	depression	3.62	2 nd
7	nervousness/anxiety	3.43	3 rd
4	anger at the slightest provocation	3.37	4 th
11	noisy/rumbling stomach or stomachaches	3.21	5 th
17	decreased appetite for food or drinks	3.00	6 th
13	Tiredness	2.95	7 th
8	self-talk (talking to myself)	2.82	8 th
3	Restlessness	2.75	9 th
10	difficulty in concentrating	2.68	10 th
20	inability to sleep (insomnia)	2.61	11 th
12	persistent headaches due to deep thoughts about my dead parent	2.53	12 th
5	fear that my dead parent would reappear to me	2.51	13 th
18	feelings of being insecure	2.43	14 th
9	nightmares whenever I fall asleep	2.37	15 th
2	numbness/inability to move my body sometimes	2.20	16 th
16	continuous suicidal thoughts	2.19	17 th
15	shivering conditions when alone or the light is put off	2.17	18 th
14	tightness in the chest	2.15	19 th
6	guilt feelings, that I am the cause of my parent's death	2.13	20 th

Table 3 shows the mean scores and rank order of respondents' grief reactions.

Ranked 1st with a mean score of 3.71 is Item 1 and it states that *Due to the loss of my parent(s), I experience mood swing*. Ranked 2nd with a mean score of 3.62 is Item 19 and it states that *Due to the loss of my parent(s), I experience depression*. Ranked 3rd with a mean score of 3.43 is Item 8 and it states that *Due to the loss of my parent(s), I experience self-talk (talking to myself)*. Ranked 20th with a mean score of 2.13 is Item 6 and it states that *Due to the loss of my parent(s), I experience guilt feelings, that I am the cause of my parent's death*. Thirteen out of the twenty items have means that are greater

than 2.50, hence it can be said that the grief reactions Nigerian in-school adolescents have as a result of the loss of their parent is high.

Research Question 2: *What are the coping strategies adopted by Nigerian in-school adolescents faced with parental loss?*

Table 4: Mean Scores and Rank Order on the Coping Strategies Adopted by Nigerian In-school Adolescents Faced with Parental Loss

Item No	I cope with grief reactions by:	Mean	Rank
2	listening to inspirational music	2.77	1 st
17	listening to motivational talks from religious leaders	2.65	2 nd
3	reading scriptural passages to relief tensions or anxiety	2.63	3 rd
19	actively attending religious programmes and conventions	2.61	4 th
13	getting more involved in school recreational activities	2.58	5 th
8	sharing my feelings with others (e.g. friends, teachers)	2.53	6 th
18	concentrating more on completion of education and job	2.52	7 th
1	joining peer support groups	2.41	8 th
16	getting involved in skill acquisitions for survival	2.38	9 th
6	bringing back memories of activities shared together	2.33	10 th
20	seeking the assistance of a professional counsellor	2.29	11 th
7	keeping myself busy with movies or cartoons	2.24	12 th
10	making visitations to relatives; friends and encouraging them to visit me more often	2.16	13 th
9	speaking freely about the deceased	1.93	14 th
15	refraining from loneliness likely to heighten my anxiety	1.61	15 th
14	not wanting to hear stories about the dead	1.55	16 th
12	listening to people remember my deceased parents with good memories	1.50	17 th
4	excessively eating/over eating	1.27	18 th
5	drinking alcoholic beverages to overcome my worries	1.16	19 th
11	taking hard drugs to help me forget about the loss	1.05	20 th

Table 4 shows the mean scores and rank order the coping strategies adopted by Nigerian in-school adolescents faced with parental loss. Ranked 1st with a mean score of 2.77 is Item 2 and it states that *I cope with grief reactions by listening to inspirational music*. Ranked 2nd with a mean score of 2.65 is Item 17 and it states that *I cope with grief reactions by listening to motivational talks from religious leaders*. Ranked 3rd with a mean score of 2.63 is Item 3 and it states that *I cope with grief reactions by reading*

scriptural passages to relief tensions or anxiety. Ranked 20th with a mean score of 1.05 is Item 11 and it states that *I cope with grief reactions by taking hard drugs to help me forget about the loss*. Seven out of the twenty items have means that are greater than 2.50, hence it can be said that the Nigerian in-school adolescents faced with parental loss are not coping effectively and this could be as a result of the re-occurring flash backs which they have about the parental figure.

Research Question 3: *What are the counselling needs of Nigerian in-school adolescents faced with parental loss?*

Table 5: Mean Scores and Rank Order on the Counselling Needs of Nigerian In-school Adolescents Faced with Parental Loss

Item No	Needs	I need counselling in the following areas:	Mean	Grand Mean	Rank
1	Educational	coping with my educational concerns	2.84	2.81	1 st
3		maintaining concentration in class	2.83		
4		dealing with negative attitude toward schooling	2.82		
5		ability to engage in positive self-talk (talking to myself)	2.79		
2		withdrawal from school activities	2.77		
19	Emotional	handling depression	2.71	2.62	2 nd
16		dealing with unnecessary anxieties or fear	2.68		
17		avoiding aggressiveness	2.63		
20		being hopeful in spite of my situation	2.57		
18		dealing with irritability	2.52		
7	Personal	overcoming boredom	2.65	2.60	3 rd
10		copng with loneliness	2.62		
8		accepting the reality of the loss	2.61		
6		dealing with sleep problems	2.59		
9		handling suicidal tendencies	2.57		
12	Social	maintaining cordial relationship with peers and relatives	2.52	2.38	4 th
15		accessing social support groups for bereaved persons	2.51		
11		talking to people freely about the loss	2.48		
13		dealing with peer influence to depend on illicit drugs	2.23		
14		handling feelings of being insecure	2.17		

Table 5 shows the mean scores and rank order on the counselling needs of Nigerian in-school adolescents faced with parental loss. Using the grand mean score to determine the major counselling needs of the Nigerian in-school adolescents, Ranked 1st is the educational needs of the students faced with parental loss having Items 1 and 3 ranking 1st and 2nd with mean scores of 2.84 and 2.83 and they state that *Nigerian in-school adolescents need counselling on how to cope with their educational concerns; and maintaining concentration in class*. Ranked 2nd is the emotional needs of the students faced with parental loss having Items 19 and 16 ranking 1st and 2nd with mean scores of 2.71 and 2.68 and they state that *Nigerian in-school adolescents need counselling on how to cope with handling depression; and dealing with unnecessary anxieties or fear*. Ranked 3rd is the personal needs of the students faced with parental loss having Items 7 and 10 ranking 1st and 2nd with mean scores of 2.65 and 2.62 and they state that *Nigerian in-school adolescents need counselling on how to cope with overcoming boredom; and coping with loneliness*. Ranked 4th is the social needs of the students faced with parental loss having Items 12 and 15 ranking 1st and 2nd with mean scores of 2.52 and 2.51 and they state that *Nigerian in-school adolescents need counselling on how to maintain cordial relationship with peers and relatives; and access social support groups for bereaved persons*. Seventeen out of the twenty items have means that are greater than 2.50, hence it can be said that the Nigerian in-school adolescents faced with parental loss have a high need for counselling

Hypotheses Testing

Twelve null hypotheses were formulated for the purpose of this study. The hypotheses were tested using t-test and Analysis of Variance (ANOVA) statistical tools at 0.05 level of significance.

Hypothesis 1: *There is no significant difference in the grief reactions of Nigerian in-school adolescents faced with parental loss based on gender*

Table 6: Mean, Standard Deviations and t-value on the Grief Reactions of Nigerian In-school Adolescents Faced with Parental Loss Based on Gender

Gender	N	Mean	SD	df	Cal. t-value	Crit. t-value	p-value
Male	168	31.57	5.89	430	3.30*	1.96	0.04
Female	264	28.27	12.05				

*Significant, $p < 0.05$

Table 6 shows a calculated t-value of 3.30, critical t-value of 1.96 and a p-value of 0.04. Since the calculated p-value of 0.04 is less than the alpha p-value at 0.05, the hypothesis is not accepted. Hence, there is a significant difference in the grief reactions of Nigerian in-school adolescents faced with parental loss based on gender.

Hypothesis 2: *There is no significant difference in the coping strategies adopted by Nigerian in-school adolescents faced with parental loss based on gender*

Table 7: Mean, Standard Deviations and t-value on the Coping Strategies Adopted by Nigerian In-school Adolescents Faced with Parental loss Based on Gender

Gender	N	Mean	SD	df	Cal. t-value	Crit. t-value	p-value
Male	168	43.71	11.59	430	5.22*	1.96	0.03
Female	264	36.45	15.44				

*Significant, $p < 0.05$

Table 7 shows a calculated t-value of 5.22, a critical t-value of 1.96 and a p-value of 0.03. Since the calculated p-value of 0.03 is less than the alpha p-value at 0.05, the hypothesis is not accepted. Hence, there is a significant difference in the coping strategies adopted by Nigerian in-school adolescents faced with parental loss based on gender.

Hypothesis 3: *There is no significant difference in the counselling needs of Nigerian in-school adolescents faced with parental loss based on gender*

Table 8: Mean, Standard Deviations and t-value on the Counselling Needs of Nigerian In-school Adolescents Faced with Parental loss Based on Gender

Gender	N	Mean	SD	df	Cal. t-value	Crit. t-value	p-value
Male	168	37.28	16.15	430	3.83*	1.96	0.04
Female	264	31.81	13.22				

*Significant, $p < 0.05$

Table 8 shows a calculated t-value of 3.83, a critical t-value of 1.96 and a p-value of 0.04. Since the calculated p-value of 0.04 is less than the alpha p-value at 0.05, the hypothesis is not accepted. Hence, there is a significant difference in the counselling needs of Nigerian in-school adolescents faced with parental loss based on gender.

Hypothesis 4: *There is no significant difference in the grief reactions of Nigerian in-school adolescents faced with parental loss based on religion*

Table 9: Analysis of Variance (ANOVA) Showing the Grief Reactions of Nigerian In-school Adolescents Faced with Parental Loss Based on Religion

Source	SS	df	Mean Squares	Cal. F-ratio	Crit. F-ratio	p-value
Between Groups	118.867	2	59.43	0.56	3.00	0.08
Within Groups	45011.799	429	104.92			
Total	45130.667	431				

Table 9 shows the calculated F-ratio of 0.56, a critical F-ratio of 3.00 and a p-value of 0.08. Since the calculated p-value of 0.08 is greater than the alpha p-value at 0.05, the hypothesis is accepted. Hence, there is no significant difference in the grief reactions of Nigerian in-school adolescents faced with parental loss based on religion.

Hypothesis 5: *There is no significant difference in the coping strategies adopted by Nigerian in-school adolescents faced with parental loss based on religion*

Table 10: Analysis of Variance (ANOVA) Showing the Coping Strategies Adopted by Nigerian In-school Adolescents Faced with Parental Loss Based on Religion

Source	SS	df	Mean Squares	Cal. F-ratio	Crit. F-ratio	p-value
Between Groups	7468.545	2	3734.27	19.27*	3.00	0.003
Within Groups	83098.122	429	193.70			
Total	90566.667	431				

*Significant, $p < 0.05$

Table 10 shows the calculated F-ratio of 19.27, critical F-ratio of 3.00 and a p-value of 0.003. Since the calculated p-value of 0.003 is less than the alpha p-value at 0.05, the hypothesis is not accepted. Hence, there is a significant difference in the coping strategies adopted by Nigerian in-school adolescents faced with parental loss based on religion. In order to determine the mean value(s) that led to the significant difference observed in the ANOVA results of Table 10, the Duncan Multiple Range Test (DMRT) was used as a post-hoc test. The result of the DMRT procedure is displayed on Table 11.

Table 11: DMRT Showing the Coping Strategies Adopted by Nigerian In-school Adolescents Faced with Parental Loss Based on Religion

Duncan Groupings	N	Mean	Group	Religion
A	144	45.00	2	Islam
B	279	36.62	1	Christianity
C	9	29.88	3	African Traditional Religion

Table 11 shows the DMRT indicating the direction of the significant difference noted in the ANOVA on Table 10. Group 2 (Islam) with a mean score of 45.00 differed significantly from Groups 1 (Christianity) and Group 3 (African Traditional Religion) with mean scores of 36.62 and 29.88 respectively. This implies that Nigerian in-school adolescents who are Muslims cope much better with parental loss compared to other Nigerian in-school adolescents of other religious organization.

Hypothesis 6: *There is no significant difference in the counselling needs of Nigerian in-school adolescents faced with parental loss based on religion*

Table 12: Analysis of Variance (ANOVA) Showing the Counselling Needs of Nigerian In-school Adolescents Faced with Parental Loss Based on Religion

Source	SS	df	Mean Squares	Cal. F-ratio	Crit. F-ratio	p-value
Between Groups	6970.867	2	3485.43	17.45*	3.00	0.001
Within Groups	85643.799	429	199.63			
Total	92614.667	431				

*Significant, $p < 0.05$

Table 12 shows the calculated F-ratio of 17.45, critical F-ratio of 3.00 and a p-value of 0.001. Since the calculated p-value of 0.001 is less than the alpha p-value at 0.05, the hypothesis is not accepted. Hence, there is a significant difference in the counselling needs of Nigerian in-school adolescents faced with parental loss based on

religion. In order to determine the mean value(s) that led to the significant difference observed in the ANOVA results of Table 12, the Duncan Multiple Range Test (DMRT) was used as a post-hoc test. The result of the DMRT procedure is displayed on Table 13.

Table 13: DMRT Showing the Counselling Needs of Nigerian In-school Adolescents Faced with Parental Loss Based on Religion

Duncan Groupings	N	Mean	Group	Religion
A	279	39.50	1	Christianity
B	9	31.35	3	African Traditional Religion
C	144	25.44	2	Islam

Table 13 shows the DMRT indicating the direction of the significant difference noted in the ANOVA on Table 12. Group 1 (Christianity) with a mean score of 39.50 differed significantly from Groups 3 (African Traditional Religion) and Group 2 (Islam) with mean scores of 31.35 and 25.44 respectively. This implies that Nigerian in-school adolescents who are Christians and were previously found in Table 11 not to be coping very well have a high counselling needs compared to other Nigerian in-school adolescents from other religious groups.

Hypothesis 7: *There is no significant difference in the grief reactions of Nigerian in-school adolescents faced with parental loss based on geo-political zone*

Table 14: Analysis of Variance (ANOVA) Showing the Grief Reactions of Nigerian In-school Adolescents Faced with Parental Loss Based on Geo-political Zone

Source	SS	df	Mean Squares	Cal. F-ratio	Crit. F-ratio	p-value
Between Groups	837.101	5	167.42	1.61	2.21	0.09
Within Groups	44293.566	426	103.97			
Total	45130.667	431				

Table 14 shows the calculated F-ratio of 1.61, critical F-ratio of 2.21 and a p-value of 0.09. Since the calculated p-value of 0.09 is greater than the alpha p-value at 0.05, the hypothesis is accepted. Hence, there is no significant difference in the grief reactions of Nigerian in-school adolescents faced with parental loss based on geo-political zone.

Hypothesis 8: *There is no significant difference in the coping strategies adopted by Nigerian in-school adolescents faced with parental loss based on geo-political zone*

Table 15: Analysis of Variance (ANOVA) Showing the Coping Strategies Adopted by Nigerian In-school Adolescents Faced with Parental Loss Based on Geo-political Zone

Source	SS	df	Mean Squares	Cal. F-ratio	Crit. F-ratio	p-value
Between Groups	902.074	5	180.41	0.85	2.21	1.00
Within Groups	89664.593	426	210.48			
Total	90566.667	431				

Table 15 shows the calculated F-ratio of 0.85, calculated F-ratio of 2.21 and a p-value of 1.00. Since the calculated p-value of 1.00 is greater than the alpha p-value at 0.05, the hypothesis is accepted. Hence, there is no significant difference in the coping strategies adopted by Nigerian in-school adolescents faced with parental loss based on geopolitical zone.

Hypothesis 9: *There is no significant difference in the counselling needs of Nigerian in-school adolescents faced with parental loss based on geo-political zone*

Table 16: Analysis of Variance (ANOVA) Showing the Counselling Needs of Nigerian In-school Adolescents Faced with Parental Loss Based on Geo-political Zone

Source	SS	df	Mean Squares	Cal. F-value	Crit. F-ratio	p-value
Between Groups	779.358	5	155.87	0.72	2.21	1.04
Within Groups	91835.309	426	215.57			
Total	92614.667	431				

Table 16 shows the calculated F-ratio of 0.72, critical F-ratio of 2.21 and a p-value of 1.04. Since the calculated p-value of 1.04 is greater than the alpha p-value at 0.05, the hypothesis is accepted. Hence, there is no significant difference in the counselling needs of Nigerian in-school adolescents faced with parental loss based on geo-political zone.

Hypothesis 10: *There is no significant difference in the grief reactions of Nigerian in-school adolescents faced with parental loss based on adolescent's age at parental loss*

Table 17: Mean, Standard Deviations and t-value on the Grief Reactions of Nigerian In-school Adolescents Faced with Parental Loss Based on Adolescent's Age at Parental Loss

Adolescent's Age at Parental Loss	N	Mean	SD	df	Cal. t-value	Crit. t-value	p-value
1 – 9 years	168	26.85	7.68	430	4.46*	1.96	0.01
10 – 18 years	264	31.27	11.24				

*Significant, $p < 0.05$

Table 17 shows a calculated t-value of 4.46, critical t-value of 1.96 and a p-value of 0.01. Since the calculated p-value of 0.04 is less than the alpha p-value at 0.05, the hypothesis is not accepted. Hence, there is a significant difference in the grief reactions of Nigerian in-school adolescents faced with parental loss based on adolescent's age at parental loss.

Hypothesis 11: *There is no significant difference in the coping strategies adopted by Nigerian in-school adolescents faced with parental loss based on adolescent's age at parental loss*

Table 18: Mean, Standard Deviations and t-value on the Coping Strategies Adopted by Nigerian In-school Adolescents Faced with Parental loss Based on Adolescent's Age at Parental Loss

Adolescent's Age at Parental Loss	N	Mean	SD	df	Cal. t-value	Crit. t-value	p-value
1 – 9 years	168	36.28	15.22	430	3.46*	1.96	0.02
10 – 18 years	264	41.18	13.70				

Table 18 shows a calculated t-value of 3.46, critical t-value of 1.96 and a p-value of 0.02. Since the calculated p-value of 0.03 is less than the alpha p-value at 0.05, the hypothesis is not accepted. Hence, there is a significant difference in the coping strategies adopted by Nigerian in-school adolescents faced with parental loss based on adolescent's age at parental loss.

Hypothesis 12: *There is no significant difference in the counselling needs of Nigerian in-school adolescents faced with parental loss based on adolescent's age at parental loss*

Table 19: Mean, Standard Deviations and t-value on the Counselling Needs of Nigerian In-school Adolescents Faced with Parental loss Based on Adolescent's Age at Parental Loss

Adolescent's Age at Parental Loss	N	Mean	SD	df	Cal. t-value	Crit. t-value	p-value
1 – 9 years	168	35.28	14.79	430	1.51	1.96	0.12
10 – 18 years	264	33.09	14.53				

Table 19 shows a calculated t-value of 1.51, critical t-value of 1.96 and a p-value of 0.03. Since the calculated p-value of 0.12 is greater than the alpha p-value at 0.05, the hypothesis is accepted. Hence, there is no significant difference in the counselling needs of Nigerian in-school adolescents faced with parental loss based on adolescent's age at parental loss.

Summary of the Findings

This chapter dealt with the analysis of the data gathered from the study which were analyzed in three parts, viz: demographic data, item ranking analysis and hypotheses testing. Tables 2 showed the demographic data of the respondents and this consist of: gender, religion, geo-political zone and adolescent's age at parental loss. Tables 3, 4 and 5 showed a descriptive data relating to the answering of the three main research questions. Tables 6 - 19 presented the analyzed data of the findings in the study on the grief reactions, coping strategies and counselling needs of Nigerian in-school adolescents faced with parental loss. The tables presented information on the summary of

the mean scores, standard deviation, degree of freedom, t-value, f-value and P-value indicating whether or not there are significant differences in the variables tested.

Twelve null hypotheses were generated and tested for the study for acceptance or rejection at 0.05 level of significance by means of t-test and Analysis of Variance (ANOVA). The results were as follows:

- (i) The grief reaction of Nigerian in-school adolescents as a result of the loss of their parent is high. These Nigerian in-school adolescents faced with parental loss are not coping effectively and this could be as a result of the re-occurring flash backs which they have about the parental figure. Nigerian in-school adolescents faced with parental loss have a high need for counselling.
- (ii) There is a significant difference in the grief reactions of Nigerian in-school adolescents faced with parental loss based on gender and adolescent's age at parental loss.
- (iii) There is a significant difference in the coping strategies adopted by Nigerian in-school adolescents faced with parental loss based on gender, religion and adolescent's age at parental loss.
- (iv) There is a significant difference in the counselling needs of Nigerian in-school adolescents faced with parental loss based on gender and religion.
- (v) There is no significant difference in the grief reactions of Nigerian in-school adolescents faced with parental loss based on religion and geo-political zone.

- (vi) There is no significant difference in the coping strategies adopted by Nigerian in-school adolescents faced with parental loss based on geopolitical zone.
- (vii) There is no significant difference in the counselling needs of Nigerian in-school adolescents faced with parental loss based on geo-political zone.
- (viii) There is no significant difference in the counselling needs of Nigerian in-school adolescents faced with parental loss based on adolescent's age at parental loss.

CHAPTER FIVE

DISCUSSION, CONCLUSION, AND RECOMMENDATIONS

Preamble

The study was set out to find out the grief reaction, coping strategies and counselling needs of Nigerian in-school adolescents faced with parental loss. The study also sought to consider the respondents demographic data. The variables used in the demographic data of the respondents include: gender, religion, geo-political zone and adolescent's age at parental loss. In the course of the study, an instrument was designed by the researcher to elicit necessary information from the respondents. The instrument contained 20 items on the grief reaction of Nigerian in-school adolescents; 20 items on the coping strategies adopted by Nigerian in-school adolescents faced with parental loss; while the other 20 items were on the counselling needs of Nigerian in-school adolescents faced with parental loss.

Twelve null hypotheses were generated for the study and tested at 0.05 alpha level of significance using t-test and Analysis of Variance (ANOVA) statistical method. Thus, this chapter contains mainly the discussion of findings, conclusions, recommendations and suggestions for further studies.

Discussion of Findings

Table 3 showed the mean and rank order on the grief reaction of Nigerian in-school adolescents faced with parental loss. The result indicated that the reaction of Nigerian in-school adolescents faced with parental loss is high. This finding corroborated

Orphans and Vulnerable (2007) who observed that the effect of losing a parent is always traumatic and dealing with the subsequent grief is difficult for all children and adolescents alike. Losing a parent or caregiver has different effects on an adolescent at different stages of their development. In the African context, the loss of a parent is of serious detriment to the adolescent's welfare, in particular if it is the mother, given the role that mothers play in raising children in this society (Orphans & Vulnerable, 2007). The finding also corroborated Worden (1996) who studied children's grief reactions after the death of their parent and found out that some grief reactions children face include fears, anxieties, headaches and stomach-aches. Behavioral grief symptoms in children include: withdrawal, searching for the deceased, avoiding places and people who remind them of the deceased, changes in eating habits, and crying. Physical symptoms of grief include: weakness, low energy, dry mouth, and shortness of breath (All Psychological Career, 2014). Others relating to grief reactions of children and specifically adolescents, include: biting of themselves, withdrawal, prolonged sadness, despondency, lower marks at school, depression, inability to sleep, loss of appetite, social withdrawal and risk-taking behaviour, including self-destructive behaviour (Strouse, 2007).

Table 4 showed the mean and rank order on coping strategies adopted by Nigerian in-school adolescents faced with parental loss. The result indicated that the Nigerian in-school adolescents faced with parental loss are not coping effectively with the loss of their parent and this could be as a result of bond they have with the parent when alive and as such they keep having some re-occurring flash backs affecting their ability to cope with the loss. Adolescents and younger children almost always exhibit some type of regressive behaviours when their parent dies (All Psychological Career, 2014). It is

important to recognize these behaviors as part of grieving and not to punish the child for them. An adolescent child might resort to a behaviour they had left behind, such as thumb sucking, bed wetting, or uncontrolled crying as a means of coping.

Table 5 showed the mean and rank order on counselling needs of Nigerian in-school adolescents faced with parental loss. The result indicated that the Nigerian in-school adolescents faced with parental loss have a high need for counselling. The loss of a parent while an individual is still young is likely to be the most traumatic event in the individual's life. If loss of a parent reduces investments in children's human capital, it can also have long-lasting implications on their quality of life and livelihood (Gertler, Levine, & Ames, 2002). A significant proportion of school-aged children in less industrialized nations have always lost parents to accidents, childbirth, and illness and as such, need counselling in order to stabilize and move ahead with life. MacPherson and Emeleus (2007) stated that children, ranging from young children to adolescents who are grieving have numerous and unique needs that should be met. In their study, bereaved children identified the following needs: the need for others to be educated about death and the grieving process, the need for consistent relationships, the need to have techniques that keep memories meaningfully and privately, the need for normalcy and continuity, the need for empathy or an individual the child connects with who can identify with the child's situation, the need to escape the distress and intensity of the situation, the need for a prompt response when requesting for support and the need for having their own understanding of death. By meeting these needs, according to MacPherson and Emeleus, children have the opportunity to experience a healthy grieving process with an optimal chance to overcome the traumatic incident.

Hypothesis one stated that there was no significant difference in the grief reactions of Nigerian in-school adolescents faced with parental loss based on gender. There was a significant difference in the grief reactions of Nigerian in-school adolescents faced with parental loss based on gender. This implied that one of the gender groups exhibit more grief reactions when faced with parental loss compared to others. This finding corroborated the Seattle Children's Hospital Research Foundation (2012), who in a research found out that adolescents react to grief in four ways which include; reactions having to do with the body of the adolescent (physical); reactions having to do with the adolescent's feelings (emotional); reactions that may involve other people (social); and reactions that have to do with the way the adolescent acts (behavioural). When an adolescent is reacting physically, it implies that the adolescent is feeling more or less active than usual, having problems sleeping, feeling restless or tired; headaches, stomach pain, nausea, chest pain, loss of appetite etc (Seattle Children's Hospital Research Foundation, 2012). Although they have not specifically spelt out which gender group reacts more when faced with parental loss, but they have been able to state that grief is common to all adolescents and children alike faced with the sudden loss of their parent.

Hypothesis two stated that there was no significant difference in the coping strategies adopted by Nigerian in-school adolescents faced with parental loss based on gender. There was a significant difference in the coping strategies adopted by Nigerian in-school adolescents faced with parental loss based on gender. This finding corroborated Baine and colleagues (2008) who stated that adolescents' adjustment following a major stressful event such as parental loss is heavily influenced by the cascade of stressful events that occur following the death. This concept is known as the transitional events

model. According to Loni (2009), the model shows that children who experience the death of a parent also tend to experience numerous other stressful events in relation to the death. By minimizing unnecessary stressful events, the child may have the opportunity to experience less distress throughout the grieving process and thus cope with the loss.

Hypothesis three stated that there was no significant difference in the coping strategies adopted by Nigerian in-school adolescents faced with parental loss based on gender. There was a significant difference in the counselling needs of Nigerian in-school adolescents faced with parental loss based on gender. This finding corroborated the All Psychological Career (2014) who stated that adolescents need appropriate support through counseling in order to manage situations they may find themselves and this support (counselling) has to correlates with the way the adolescent processes death at a certain age to deal with the effects of the loss of a parent and the ensuing grief. Since adolescents understand death differently at different stages of development, the emotional support they receive needs to reflect the adolescent's ability to process the information and cope with the situation.

Hypothesis four stated that there was no significant difference in the grief reactions of Nigerian in-school adolescents faced with parental loss based on religion. There was no significant difference in the grief reactions of Nigerian in-school adolescents faced with parental loss based on religion. This finding corroborated with Gertler, Levine and Ames (2002) who stated that the loss of a parent is indeed traumatic, and it does affect the bereaved child's emotional status and values which is why they react in different ways. The trauma of bereavement may make it difficult for a child to

study and the child may temporarily or permanently withdraw from school. Similarly, a parent who dies when a child is young may not have been able to pass on norms and values. Indeed, many children remain in school because of their family values, but when a parent disappears from the household, children may no longer have the motivation to continue their education and if they are not cared for, they might react and constitute some problems in the society (Gertler, Levine, & Ames, 2002).

Hypothesis five stated that there was no significant difference in the coping strategies adopted by Nigerian in-school adolescents faced with parental loss based on religion. There was a significant difference in the coping strategies adopted by Nigerian in-school adolescents faced with parental loss based on religion. This did not corroborate the finding of Hurd (2004) who stated that children irrespective of their religious background are dependent on their parents/guardian to help them meet their physical and emotional needs. Hurd further stated that it is important that any adult surrounding the child as at the time of the incidence should provide an open and comforting environment in which the child can freely communicate their emotions in order to be able to cope with the grieving process. Unfortunately, many adults tend to assume that children overcome the grieving process quickly, experiencing grief at a continually decreasing rate with a definite ending (Black, 2005). Children who overcome the grieving process quickly experience severe mental health problems later in life as compared to others whom are allowed to go through the grieving process (Brown, Sandler, Tein, Liu & Haine, 2007).

Hypothesis six stated that there was no significant difference in the counselling needs of Nigerian in-school adolescents faced with parental loss based on religion. There

was a significant difference in the counselling needs of Nigerian in-school adolescents faced with parental loss based on religion. This did not corroborate with the findings of BoydWebb (2005) who stated that grief focuses not on the ability to understand but on the ability to feel. It was added that any child who is mature enough to love is mature enough to grieve and thus needs assistance. Kübler-Ross and Kessler (2005) confirmed this view and added that children are the “forgotten grievers”. With this in mind, it is appropriate and essential for every caregiver and guardian to be equipped with knowledge and skills so as to be able to adequately understand, support and comfort the grieving child using appropriate methods.

According to Clark (1997) an adolescent may need an explanation as to what actually led to the death of the parent, adults are encouraged to explain the death concretely because adolescents tend to develop a better understanding of the series of events and receive answers to questions they may have. If the adolescent child is not given the facts, they may begin to create a story to fill in the gaps to develop an understanding themselves. The story can potentially be more upsetting than what actually took place (Worden, 1996). In addition, the adolescents should be part of the process following a parental death. This gives them an opportunity to say their good-byes in a healthy manner (Clark, 1997).

Hypothesis seven stated that there was no significant difference in the grief reactions of Nigerian in-school adolescents faced with parental loss based on geo-political zone. There was no significant difference in the grief reactions of Nigerian in-school adolescents faced with parental loss based on geo-political zone. This finding

corroborated the All Psychology Careers (2014) who stated that either an adolescent's parent dies as a result of old age, unforeseen occurrences, illness among others, such an adolescent is left with a range of emotions ranging from emptiness and loneliness to guilt and anger. The most common grieving effects/emotions and normal reactions include: confusion, anxiety, remorse, fear, frustration, yearning, and depression.

Hypothesis eight stated that there was no significant difference in the coping strategies adopted by Nigerian in-school adolescents faced with parental loss based on geo-political zone. There was no significant difference in the coping strategies adopted by Nigerian in-school adolescents faced with parental loss based on geopolitical zone. This finding corroborated Blom (2004) who stated that through grieving, the adolescent is able to cope/adapt to the loss they are experiencing as well as to their new circumstances. It can be deduced that when the grief process is blocked, emotions are suppressed. When emotions are suppressed, the child's normal functioning is affected and this unfinished business will continue to surface, often in the form of inappropriate behavioural, emotional and stress-related outbursts or the presence of somatic symptoms. The child's ability to cope with the loss will be reduced and their other spheres of life will be affected.

Hypothesis nine stated that there was no significant difference in the counselling needs of Nigerian in-school adolescents faced with parental loss based on geo-political zone. There was no significant difference in the counselling needs of Nigerian in-school adolescents faced with parental loss based on geo-political zone. Counselling is an essential process in the grieving and healing process of any bereaved individual. Christ

(2000) noted that younger children and early adolescents tend to have a greater risk for maladjustment due to the age at which they experienced the loss of their parent; hence, when children as young as three years of age enter a grieving process; the process is much different and tasking to bear as compared to their adult counterparts. When such an adolescent is guided through the assistance of a professional, he/she will gradually come out of his/her shells; go through the grieving process slowly and successful triumph the grieving process with healing.

Hypothesis ten stated that there was no significant difference in the grief reactions of Nigerian in-school adolescents faced with parental loss based on adolescent's age at parental loss. There was a significant difference in the grief reactions of Nigerian in-school adolescents faced with parental loss based on adolescent's age at parental loss. This finding corroborated Nickerson, Bryant, Aderka, Hinton, and Hofmann (2011) who analyzed data from 2,823 adults who have been faced with parental loss during childhood. They used the World Health Organization Composite International Diagnostic Interview to assess psychological impairment, parental care, and other factors that could contribute to difficulties later in life. They found that the younger in age a child was when faced with parental loss, the more likely they were to develop mental health problems, including anxiety, mood, or substance abuse issues. Elison and McGonigle (2003) stated that adults whose parents experienced protracted illness or lived in nursing homes prior to death exhibit multidimensional responses to their parents' deaths, including sadness, grief, relief, persistence of memories about the parents, and a sense that the protection against death provided by the parents has vanished.

Hypothesis eleven stated that there was no significant difference in the coping strategies adopted by Nigerian in-school adolescents faced with parental loss based on adolescent's age at parental loss. There was a significant difference in the coping strategies adopted by Nigerian in-school adolescents faced with parental loss based on adolescent's age at parental loss. The finding corroborated All Psychological Career (2014) which stated in a research that the age of an adolescent faced with parental loss affects his/her ability to cope with the reactions from the grief associated with parental death. Losing a parent at an early age has been shown to have a long-term psychological effect on the emotional and psychological functioning of the child, especially when the parent figure lost is the mother.

For a child to have the ability to mourn, Worden (1996) stated the individual must have acquired the ability to recognize significant figures, such as their parents, and understand the constancy of objects. According to Christ's (2000) explanation of how grief affects children at various ages, those who have reached toddler and preschool age may be knowledgeable of the concept of death; however, preschool children struggle with understanding concepts of irreversibility and non-functionality that is associated with parental loss. Christ also indicated that these children tend to repetitively ask about where the deceased parent is, this thus affects their ability to cope and move on with life. But by the time the child is approximately 6 years and above, they begin to understand death and react with an age-appropriate level of sadness (Christ, 2000). However, these children also tend to communicate feelings of guilt for the death and a desire to die to be with or visit their deceased parent (Black, 2005).

Hypothesis twelve stated that there was no significant difference in the coping strategies adopted by Nigerian in-school adolescents faced with parental loss based on adolescent's age at parental loss. There was no significant difference in the counselling needs of Nigerian in-school adolescents faced with parental loss based on adolescent's age at parental loss. Grief refers to the process of emotional healing when dealing with a loss. According to Kübler-Ross and Kessler (2005), many problems in our lives stem from unresolved grief because people lose the opportunity to heal their soul, psyche and heart when they do not work through their grief. Grief which has not successfully healed can result in personal, interpersonal or social problems in the future (Thompson, Rudolph & Henderson, 2004). Through the professional assistance of a counsellor/psychologist, people could be helped to walk through the grieving process and heal properly.

Conclusion

Based on the findings of the study, the following conclusions were drawn:

1. The grief reaction of Nigerian in-school adolescents faced with parental loss is high and part of their grief reaction include: having mood swing, depression, self-talk (talking to myself), nervousness/anxiety, anger at the slightest provocation, noisy/rumbling stomach or stomachaches, tiredness, decreased appetite for food or drinks among others.
2. Nigerian in-school adolescents faced with parental loss are not coping effectively and this could be as a result of the re-occurring flash backs which they have about the parental figure. The following are some ways in which they have been coping with the loss: listening to inspirational music, listening to motivational talks from religious

- leaders, reading scriptural passages to relief tensions or anxiety, actively attending religious programmes and conventions, getting more involved in school recreational activities, sharing my feelings with others (e.g. friends, teachers), concentrating more on completion of education and job, joining peer support groups among others.
3. Nigerian in-school adolescents faced with parental loss have a high need for counselling in the following area: coping with their educational concerns, maintaining concentration in class, maintaining cordial relationship with classmates and relatives, dealing with irritability, ability to engage in positive self-talk (talking to myself), accepting the reality of the loss among others.
 4. There is a significant difference in the grief reactions and coping strategies adopted by Nigerian in-school adolescents faced with parental loss based on gender and adolescent's age at parental loss.
 5. There is a significant difference in the counselling needs of Nigerian in-school adolescents faced with parental loss based on gender and religion.
 6. There is no significant difference in the grief reactions of Nigerian in-school adolescents faced with parental loss based on religion and geo-political zone.
 7. There is no significant difference in the coping strategies adopted and counselling needs of Nigerian in-school adolescents faced with parental loss based on geopolitical zone.
 8. There is no significant difference in the counselling needs of Nigerian in-school adolescents faced with parental loss based on adolescent's age at parental loss

Five hypotheses were accepted while seven other hypotheses were not accepted; and for those that were not accepted but analysed using the Analysis of Variance

(ANOVA) statistical tool, the Duncan Multiple Range Test (DMRT) was used to find out the reason for the significant difference noted.

Implications for Counselling

Nigerian in-school adolescents faced with the reality of parental loss experience series of reactions which includes: depression, anxiety, sleeplessness, loss of interest for education among others need assistance to face a future in which they must perform roles previously assumed by their deceased parent and in which a need to establish new relationship exists. The counsellor can assist such students to work through the emotions of anger, guilt, anxiety, and helplessness that he/she (grieving client) tend to feel, and reassure the client that what he/she is experiencing is normal and will soon become a thing of the past with time.

The study revealed that in-school adolescents faced with parental loss exhibit high grief reactions. Hence, counsellors should strive to rise up and help as many in-school adolescents faced with grief related concerns as a result of parental loss in order for them to still be able to meet up with academic needs and function effectively at other spheres of life.

In the course of the study, it was found out that Nigerian in-school adolescents faced with parental loss need counselling and as such, irrespective of the area of needs the client will be having, counsellors who will be specializing in the area of grief should try to be vast in knowledge, skills and experience in order for them to be able to handle the concern of the client. Counsellors should also endeavour to make it a point of duty to help these students meet with their expectations irrespective of their status, race, zone and

religion. Counsellors should also help the clients cope with unmet expectations where necessary.

Counsellors should in the course of the grief counselling session elicit discussion about emotion-leading topics with the clients. Sentences focused on bereavement issues can also be used. Counsellors can prompt these adolescents to discuss the deceased parent by focusing on a favorite time together, favorite memories, or a favorite gift from the deceased. The counsellor can organize group to allow teenagers expand upon experience, bond with others who share similar experiences of loss. Also joint book reading can be used to express negative emotions, promote discussion and understanding about parental loss.

The older adolescents who are unable to express their feelings should be helped by a counsellor through group counselling. Groups allow the teenager to expand upon experiences vicariously, bond with others who share similar experiences of loss, provide social support, offer a setting for catharsis and validation, permit grieving, reduce isolation, and put people together who may be reluctant to grieve.

Recommendations

Based on the findings of this study, the following recommendations were made:

- ❖ It was thus recommended that counsellors should make it a point of duty to organize seminars (Group counselling and focus group discussions) in secondary schools in order to be able to enlighten the students on what death is all about; what actually happens to an individual when faced with parental loss as well as

where to go to as soon as one is faced with parental loss so as to get the right support, be able to grieve well and heal fast.

- ❖ The grief reaction of Nigerian in-school adolescents faced with parental loss is high and as such, parents and guardian should at an early stage start to teach their adolescents the reality of things and the real fact about death which is a natural phenomenon so that they can have a concrete understanding of it and be able to muster up courage when faced with it.
- ❖ Nigerian in-school adolescents faced with parental loss are not coping effectively and this could be as a result of the re-occurring flash backs which they have about the parental figure. It is thus recommended that they should always try to keep themselves busy with positive things; listening to inspirational music; sermons from religious leaders; regularly praying and reading of scriptural passages from the holy book in order to help relief tensions or anxieties.
- ❖ Counselling profession is not wholly accepted in many secondary schools and as such, counsellors are also made to teach in the secondary school. Through this added task given to them, they will find it difficult to complete the teaching assignment and still try to identify, counsel and follow up a grieving client before the close of the day. Hence, the Counselling Association of Nigeria (CASSON) need to publicize the counselling profession more to the Ministry of Education in Nigeria in order for them to be well recognized in every school system the counsellors be given full access to perform the helping profession diligently.

- ❖ Nigerian in-school adolescents faced with parental loss have a high need for counselling and it is thus recommended that awareness should be carried out weekly in the school by the counsellor to the students on the need to visit the counselling centre whenever they are faced with concerns bothering their minds which they cannot handle alone. If for some reasons the students find it difficult or shy to visit the counsellor in the school, then it can also be recommended that counselling centres be built at some locations in the community in order for both students and community members to freely walk in and get the right support needed to cope with their situations.
- ❖ There is a significant difference in the grief reactions and coping strategies adopted by Nigerian in-school adolescents faced with parental loss based on gender and adolescent's age at parental loss. It is thus recommended that girls should not be withdrawn from the discussions and burial rite processes but should always be brought into the picture as well as the boys in order for them to be able to go through the process together, get comforted together and be able to move on with life. The same goes for the adolescent's age as at parental loss. Although the younger they are, the less they are able to concretize about death which might thus affect them later in life when they no longer see the parental figure they had bond with. If they are carried along at every stage of the process, they would be able to manage the situation.

- ❖ There is a significant difference in the counselling needs of Nigerian in-school adolescents faced with parental loss based on gender, religion and adolescent's age at parental loss. It is thus recommended that counsellors be professionally trained and they should be vast in the use of the skills learnt in order for them to be able to assist these students cope with the loss, not have any mental health problem and still function effectively academically. Counsellors should enlighten the students on the need to accept responsibilities for their actions and not continually blame their misfortunes and downfalls on their deceased parents.
- ❖ Significant difference was not found in the coping strategies adopted and counselling needs of Nigerian in-school adolescents faced with parental loss based on geopolitical zone. Irrespective of the geo-political zone an adolescent is from, their method of coping is similar and as such, effective coping methods when faced with parental loss should be taught to the students so that they will not feel from time to time that their world has crumbled and they can no longer make it in life.

Suggestions for Further Studies

This study investigated the grief reactions, coping strategies and counselling needs of Nigerian in-school adolescents faced with parental loss. Thus, subsequent studies or research may be considered in the following areas:

- (i) Grief reactions, coping strategies and counselling needs of tertiary institution students faced with parental loss.

- (ii) Grief reactions, coping strategies and counselling needs of Nigerian youths faced with parental loss.
- (iii) The study can also be extended to cover loss of loved ones e.g. siblings, significant other relations and maybe close friends
- (iv) Future researchers could increase the number of respondents to be used.
- (v) Future researchers could as well include some other moderating variables such as duration and nature of parental loss among others.

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APPENDIXES

UNIVERSITY OF ILORIN FACULTY OF EDUCATION DEPARTMENT OF COUNSELLOR EDUCATION

QUESTIONNAIRE ON GRIEF REACTIONS, COPING STRATEGIES AND COUNSELLING NEEDS OF NIGERIAN IN-SCHOOL ADOLESCENTS FACED WITH PARENTAL LOSS (QGCCNIAPL)

Dear Respondent,

This questionnaire is designed to elicit information on grief reactions, coping strategies and counselling needs of Nigerian in-school adolescents faced with parental loss. The exercise is purely for research purpose and any information given will be treated strictly as confidential, hence your honest response is required.

Thank you.

Section A: Demographic Data

Direction: Tick (☐) the options that are applicable to you.

1. **Gender:** Male (☐); Female (☐).
2. **Religion:** Christianity (☐); Islam (☐); African Traditional Religion (☐)
3. **Geo-Political Zone:** North-West (☐); North-East (☐); North-Central (☐);
South-West (☐); South-East (☐); South-South (☐)
4. **Adolescent's Age at Parental Loss:** 1 - 9 years (☐); 10 - 18 years (☐)

Section B: Grief Reactions of Nigerian In-School Adolescents faced with Parental Loss

Kindly respond to each of the items in this section by putting a tick (✓) in the column that best represents your view, using the key below as a guide: Very True of Me (VTM); True of Me (TM); Sometimes True of Me (STM); Not True of Me (NTM)

S/N	Due to the loss of my parent(s), I experience:	VTM	TM	STM	NTM
1	mood swing				
2	numbness/inability to move my body sometimes				
3	Restlessness				
4	anger at the slightest provocation				
5	fear that my dead parent would reappear to me				
6	guilt feelings, that I am the cause of my parent's death				
7	nervousness/anxiety				
8	self-talk (talking to myself)				
9	nightmares whenever I fall asleep				
10	difficulty in concentrating				
11	noisy/rumbling stomach or stomachaches				
12	persistent headaches due to deep thoughts about my dead parent				
13	tiredness				
14	tightness in the chest				
15	shivering conditions when alone or the light is put off				
16	continuous suicidal thoughts				
17	decreased appetite for food or drinks				
18	feelings of being insecure				
19	Depression				
20	inability to sleep (insomnia)				

Section C: Coping Strategies for Parental Loss Among Nigerian In-School Adolescents

S/N	I cope with grief reactions by:	VTM	TM	STM	NTM
1	joining peer support groups				
2	listening to inspirational music				
3	reading scriptural passages to relief tensions or anxiety				
4	excessively eating/over eating				
5	drinking alcoholic beverages to overcome my worries				
6	bringing back memories of activities shared together				
7	keeping myself busy with movies or cartoons				
8	sharing my feelings with others (e.g. friends, teachers and guardian)				
9	speaking freely about the deceased				
10	making visitations to relatives; friends and encouraging them to visit me more often				
11	taking hard drugs to help me forget about the loss				
12	listening to people remember my deceased parents with good memories				
13	getting more involved in school recreational activities				
14	not wanting to hear stories about the dead				
15	refraining from loneliness likely to heighten my anxiety				
16	getting involved in skill acquisitions for survival				
17	listening to motivational talks from religious leaders				
18	concentrating more on completion of education and job				
19	actively attending religious programmes and conventions				
20	seeking the assistance of a professional counsellor				

Section D: Counselling Needs of Nigerian In-School Adolescents Faced with Parental Loss

S/N	I need counselling in the following areas:	VTM	TM	STM	NTM
	Educational Needs				
1	coping with my educational concerns				
2	withdrawal from school activities				
3	maintaining concentration in class				
4	dealing with negative attitude toward schooling				
5	ability to engage in positive self-talk (talking to myself)				
	Personal Needs				
6	dealing with sleep problems				
7	overcoming boredom				
8	accepting the reality of the loss				
9	handling suicidal tendencies				
10	coping with loneliness				
	Social Needs				
11	talking to people freely about the loss				
12	maintaining cordial relationship with peers and relatives				
13	dealing with peer influence to depend on illicit drugs				
14	handling feelings of being insecure				
15	accessing social support groups for bereaved persons				
	Emotional Needs				
16	dealing with unnecessary anxieties or fear				
17	avoiding aggressiveness				
18	dealing with irritability				
19	handling depression				
20	being hopeful in spite of my situation				

UNIVERSITY OF ILORIN, ILORIN, NIGERIA

Department of Counsellor Education

OFFICE OF THE HEAD OF DEPARTMENT

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Date: 14th July, 2015

Our Ref: UIC/CE/147

The Principal
Owode Community Grammar School,
Oke - Owode, Oshogbo.

Dear Sir,

RE: COLLECTION OF DATA FOR PH.D THESIS

The bearer AJOKPANIOVO, Michael with Matriculation No. 01/25OD013 is a bonafide Ph.D student of the Department of Counsellor Education, University of Ilorin. He is carrying out a research titled: "Grief Reactions, Counselling Needs and Coping Strategies of Nigerian In-School Adolescents Faced with Parental Loss". The Department will be grateful if you could provide him with the necessary assistance needed to facilitate his research.

Thank you in anticipation of your cooperation, Sir.

Yours faithfully,

Dr. L. A. Yahaya

Ag. Head of Department

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Prof. I. A. Omatasho,

Prof. (Mrs) I. A. Durosoyin,

Dr. L. A. Yahaya,

Dr. (Mrs) M. O. Etere,

Dr. A. O. Onipe,

UNIVERSITY OF ILORIN, ILORIN, NIGERIA

Department of Counsellor Education

OFFICE OF THE HEAD OF DEPARTMENT

DR. L. A. YAHAYA

(Head of Department)



P.M.B. 1515

Cables & Telegrams: UNILORIN

Telex: 33144 UNILORIN, NG

Phone: 031-221691-4 Ext 507

Date: 14th July, 2015

Our Ref: UIL/CEO/NF2

National Model Schools,
Nigerian Educational Research
and Development Council,
Sheda - Abuja

Dear Sir,

RE: COLLECTION OF DATA FOR P.HD THESIS

The bearer AJOKPANIOVO, Michael with Matriculation No. 01/25OD013 is a bonafide Ph.D student of the Department of Counsellor Education, University of Ilorin. He is carrying out a research titled: "Grief Reactions, Counselling Needs and Coping Strategies of Nigerian In-School Adolescents Faced with Parental Loss". The Department will be grateful if you could provide him with the necessary assistance needed to facilitate his research.

Thank you in anticipation of your cooperation, Sir.

Yours faithfully,

Dr. L. A. Yahaya

Ag. Head of Department



Senior Academic Staff in the Department

Prof. A. I. Idowu,

Prof. S. H. Umoh,

Prof. A. A. Adagoke,

Prof. J. A. Omotosho,

Prof. (Mrs) I. A. Gurecam,

Dr. L. A. Yahaya,

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Date: 14th July, 2015

Our Ref: UIL/CE/142

SHEHU ABUSULLAH
GOVERNMENT DAY
SECONDARY SCHOOL
SAMARU GUSAU

Dear Sir,

RE: COLLECTION OF DATA FOR P.H.D THESIS

The bearer AJOKPANIOVO, Michael with Matriculation No. 01/25OD013 is a bonafide Ph.D student of the Department of Counsellor Education, University of Ilorin. He is carrying out a research titled: "Grief Reactions, Counselling Needs and Coping Strategies of Nigerian In-School Adolescents Faced with Parental Loss". The Department will be grateful if you could provide him with the necessary assistance needed to facilitate his research.

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Ag. Head of Department

PRINCIPAL
G.D.S.S. SAMARU
GUSAU
DATE

21/7/015

bearer

This is to certify that the
questionnaire was
administered in this school
by the bearer.

Senior Academic Staff in the Department

Prof. A. I. Idowu;

Prof. S. H. Umoh,

Prof. A. A. Adegoke,

Prof. J. A. Omotosho,

Prof. (Mrs) I. A. Durosaro,

Dr. L. A. Yahaya,

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Date: 14th July, 2015

Our Ref: UIL/CE/142

Junior Secondary School
Kilankwa II, F.C.T.
Abuja

Dear Sir,

RE: COLLECTION OF DATA FOR PH.D THESIS

The bearer AJOKPANIOVO, Michael with Matriculation No. 01/25OD013 is a bonafide Ph.D student of the Department of Counsellor Education, University of Ilorin. He is carrying out a research titled: "Grief Reactions, Counselling Needs and Coping Strategies of Nigerian In-School Adolescents Faced with Parental Loss". The Department will be grateful if you could provide him with the necessary assistance needed to facilitate his research.

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Ag. Head of Department

PRINCIPAL
JUNIOR SECONDARY SCHOOL
KILANKWA II FCT ABUJA

Senior Academic Staff in the Department

Prof. A. I. Idowu

Prof. S. H. Umoh

Prof. A. A. Adegoke

Prof. J. A. Omotosho

Prof. (Mrs) I. A. Durasoro

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Dr. A. O. Oniya

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Telex: 33144 UNILORIN, NG

Phone: 031-221691-4 Ext 507

Date: 14th July, 2015

Our Ref: UIL/CED/147

THE PRINCIPAL

E. H. J. M. C.

ASADAM ROAD, ILORIN

Dear Sir,

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The bearer AJOKPANIOVO, Michael with Matriculation No. 01/25OD013 is a bonafide Ph.D student of the Department of Counsellor Education, University of Ilorin. He is carrying out a research titled: "Grief Reactions, Counselling Needs and Coping Strategies of Nigerian In-School Adolescents Faced with Parental Loss". The Department will be grateful if you could provide him with the necessary assistance needed to facilitate his research.

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Ag. Head of Department

*Dear Sir
The bearer from your Department
came to administer the instrument for
the above research title in our school.
Thanks*

**EUCARISTIC HEART
OF JESUS MODEL COLLEGE
P. O. BOX 124, ILMORIN.**
PRINCIPAL
14/07/2015

Senior Academic Staff in the Department

Prof. A. I. Idowu,

Prof. S. H. Umoh,

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R.M.B. 1515

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Telex: 33144 UNILORIN, NG

Phone: 031-221691-4 Ext 507

Date: 14th July, 2015

Our Ref: UIL/CES/14-2

GALAXY INTERNATIONAL SCH.
MINNA, NIGER STATE

Dear Sir,

RE: COLLECTION OF DATA FOR P.HD THESIS

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Telefax: 23144 UNILORIN, NG
Phone: 031-221691-4 Ext 507
Date: 14th July, 2015

Cor Ref: UIL/CE-D/147

Lower Niger River
Basin College, Ilorin

Dear Sir,

RE: COLLECTION OF DATA FOR PH.D THESIS

The bearer AJOKPANIOVO, Michael with Matriculation No. 01/250D013 is a bonafide Ph.D student of the Department of Counsellor Education, University of Ilorin. He is carrying out a research titled: **"Grief Reactions, Counselling Needs and Coping Strategies of Nigerian In-School Adolescents Faced with Parental Loss"**. The Department will be grateful if you could provide him with the necessary assistance needed to facilitate his research.

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Dr. A. O. Osoye,

Prof. (Mrs) I. A. Dorosami,

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ENR.B. 1515

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Date: 14th July, 2015

Our Ref: UIL/CED/147

AGENIRAN MEMORIAL
GRAMMAR SCHOOL
OGBO MOSO

Dear Sir,

RE: COLLECTION OF DATA FOR PH.D THESIS

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Ag. Head of Department


Michael Ajokpaniovo
OGBO MOSO

Senior Academic Staff in the Department

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G.D.S.S.
WANKA
GUSAY L.G.
ZAMFARA STATE

Dear Sir,

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Ag. Head of Department

This is to
Certify that
the questionnaire
was administered
in this School by the
bearer.



Senior Academic Staff in the Department

Prof. A. I. Idowu,

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*College of Islamic
Science Kusaie
Zamfara State*

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Handwritten signature
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